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## RCFE: Comprehensive Visit Tool

<p><b>Comprehensive Visits</b> are conducted to review the facility's operation and compliance with licensing requirements. These visits are required to be conducted prior to the license anniversary date.</p>	
<p><b>Comprehensive visits are unannounced</b></p>	
Requirement	Citation
<b>CCLD Authority to Inspect</b>	
<p><b>CCLD Authority to Inspect</b></p> <p><b>H&amp;S §1569.32</b> Any duly authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, this chapter.</p> <p><b>H&amp;S §1569.33(a)</b> Every licensed residential care facility for the elderly shall be subject to unannounced inspections by the department. The department shall inspect these facilities as often as necessary to ensure the quality of care provided.</p> <p><b>T-22, §87755(a)</b> Any duly authorized officer, employee or agent of the licensing agency may, upon proper identification and upon stating the purpose of his/her visit, enter and inspect the entire premises of any place providing services at any time, with or without advance notice.</p> <p>(c) The licensing agency shall have the authority to inspect, audit, and copy resident or facility records upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the requirements in Sections 87412(f), 87506(d), and 87508(b).</p>	<p><b>H&amp;S §1569.32,</b>  <b>H&amp;S §1569.33(a)</b>  <b>T-22, §87755(a) &amp; (c)</b></p>
<b>Physical Plan/Environmental Safety</b>	
<p><b>Post License</b></p> <p><b>T-22, §87113</b>The license shall be posted in a prominent location in the licensed facility accessible to public view.</p>	<p><b>T-22, §87113</b></p>
<b>Capacity and Ambulatory Status</b>	<p><b>T-22, §87204(a)</b></p>

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<p><b>T-22, §87204(a)</b> A licensee shall not operate a facility beyond the conditions and limitations specified on the license, including specification of the maximum number of persons who may receive services at any one time. An exception may be made in the case of catastrophic emergency when the licensing agency may make temporary exceptions to the approved capacity.</p>	
<p><b>T-22, §87204(b)</b> Resident rooms approved for 24-hour care of ambulatory residents only shall not accommodate nonambulatory residents. Residents whose condition becomes nonambulatory shall not remain in rooms restricted to ambulatory residents.</p>	<p><b>T-22, §87204(b)</b></p>
<p><b>Carbon Monoxide Detectors</b></p> <p><b>H&amp;S §1569.311</b> Every residential care facility for the elderly shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.</p>	<p><b>H&amp;S §1569.311</b></p>
<p><b>Maintenance and Operation</b></p> <p><b>T-22, §87303.</b> (a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.</p> <p>(1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition.</p> <p>(b) A comfortable temperature for residents shall be maintained at all areas.</p> <p>(1) The facility shall heat rooms that residents occupy to a minimum of 68 degree F, (20 degree C).</p> <p>(2) The facility shall cool rooms to a comfortable range, between 78 degrees F (26 degrees C) and 85 degrees F (30 degrees C), or in areas of extreme heat to 30 degrees F less than the outside temperature.</p> <p>(3) Nothing in this section shall prohibit residents from adjusting individual thermostatic controls.</p> <p>(c) All window screens shall be clean and maintained in good repair.</p> <p>(d) There shall be lamps or light appropriate for the use of each room and sufficient to ensure the comfort and safety of all persons in the facility.</p> <p>(e) Water supplies and plumbing fixtures shall be maintained as follows:</p> <p>(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degree C) and not more than 120 degree F (49 degree C).</p> <p>(3) Taps delivering water at 125 degree F (52 degree C) or above shall be prominently identified by warning signs.</p> <p>(4) Grab bars shall be maintained for each toilet, bathtub and shower used by residents.</p>	<p><b>T-22, §87303(a)(1), (b), (c), (d), (e)(2)-(6), (g)-(i)</b></p>

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(5) Non-skid mats or strips shall be used in all bathtubs and showers.

(6) Toilet, handwashing and bathing facilities shall be maintained in operating condition. Additional equipment shall be provided in facilities accommodating physically handicapped and/or nonambulatory residents, based on the residents' needs.

(f) Solid waste shall be stored and disposed of as follows:

(1) Solid waste shall be stored, located and disposed of in a manner that will not permit the transmission of a communicable disease or of odors, create a nuisance, provide a breeding place or food source for insects or rodents.

(3) All containers, except movable bins, used for storage of solid wastes shall have tight-fitting covers on the containers; shall be in good repair; shall have external handles; and shall be leakproof and rodent-proof.

(5) Solid waste containers, including movable bins, receiving putrescible waste shall be emptied at least once per week or more often if necessary. Such containers shall be maintained in a clean and sanitary condition.

(g) Facilities which have machines and do their own laundry shall:

(1) Have adequate supplies available and equipment maintained in good repair. Space used to sort soiled linen shall be separate from the clean linen storage and handling area. Except for facilities licensed for fifteen (15) residents or less, the space used to do laundry shall not be part of an area used for storage of anything other than clean linens and/or other supplies normally associated with laundry activities. Steam, odors, lint and objectionable laundry noise shall not reach resident or employee areas.

(2) Make at least one machine available for use by residents who are able and who desire to do their own personal laundry. This machine shall be maintained in good repair. Equipment in good repair shall be provided to residents who are capable and desire to iron their own clothes.

(h) Emergency lighting shall be maintained. At a minimum this shall include flashlights, or other battery powered lighting, readily available in appropriate areas accessible to residents and staff. Open-flame lights shall not be used.

(i) Facilities shall have signal systems which shall meet the following criteria:

(1) All facilities licensed for 16 or more and all residential facilities having separate floors or buildings shall have a signal system which shall:

(A) Operate from each resident's living unit.

(B) Transmit a visual and/or auditory signal to a central staffed location or produce an auditory signal at the living unit loud enough to summon staff.

(C) Identify the specific resident living unit.

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<p>(2) Facilities having more than one wing, floor or building shall be permitted to have a separate system in each, provided each meets the above criteria.</p>	
<p><b>Personal Accommodations and Services</b></p> <p><b>T-22, §87307.</b> (a) Living accommodations and grounds shall be related to the facility's function. The facility shall be large enough to provide comfortable living accommodations and privacy for the residents, staff, and others who may reside in the facility. The following provisions shall apply:</p> <p>(1) There shall be common rooms such as living rooms, dining rooms, dens or other recreation/activity rooms. They shall be of sufficient space and/or separation to promote and facilitate the program of activities and to prevent such activities from interfering with other functions.</p> <p>(2) Resident bedrooms shall be provided which meet, at a minimum, the following requirements:</p> <p>(A) Bedrooms shall be large enough to allow for easy passage between and comfortable usage of beds and other required items of furniture specified below, and any resident assistive devices such as wheelchairs or walkers.</p> <p>(B) No room commonly used for other purposes shall be used as a sleeping room for any resident. This includes any hall, stairway, unfinished attic, garage, storage area, shed or similar detached building.</p> <p>(C) No bedroom of a resident shall be used as a passageway to another room, bath or toilet.</p> <p>(D) Not more than two residents shall sleep in a bedroom.</p> <p>(3) Equipment and supplies necessary for personal care and maintenance of adequate hygiene practice shall be readily available to each resident. The resident may provide the following items; however, if the resident is unable or chooses not to provide them, the licensee shall assure provision of:</p> <p>(A) A bed for each resident, except that married couples may be provided with one appropriate sized bed. Each bed shall be equipped with good springs, a clean and comfortable mattress, available pillow(s) and lightweight warm bedding. Fillings and covers for mattresses and pillows shall be flame retardant. Rubber sheeting shall be provided when necessary.</p> <p>(B) Bedroom furniture, which shall include, for each resident, a chair, night stand, a lamp, or lights sufficient for reading, and a chest of drawers.</p> <p>(C) Clean linen, including blankets, bedspreads, top bed sheets, bottom bed sheets, pillow cases, mattress pads, bath towels, hand towels and wash cloths. The quantity shall be sufficient to permit changing at least once per week or more often when indicated to ensure that clean linen is in use by residents at all times. The linen shall be in good repair. The use of common wash cloths and towels shall be prohibited.</p> <p>(D) Hygiene items of general use such as soap and toilet paper.</p>	<p><b>T-22, §87307</b></p>

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<p>(E) Portable or permanent closets and drawer space in the bedrooms for clothing and personal belongings. A minimum of eight (8) cubic feet (.743 cubic meters) of drawer space per resident shall be provided.</p> <p>(F) Basic laundry service (washing, drying, and ironing of personal clothing).</p> <p>(b) Toilets and bathrooms shall be conveniently located. The licensed capacity shall be established based on Section 87158, Capacity, and the following:</p> <ol style="list-style-type: none"> <li>(1) At least one toilet and washbasin for each six (6) persons, which include residents, family and personnel.</li> <li>(2) At least one bathtub or shower for each ten (10) persons, which includes residents, family and live-in personnel.</li> </ol> <p>(c) Individual privacy shall be provided in all toilet, bath and shower areas.</p> <p>(d) The following space and safety provisions shall apply to all facilities:</p> <ol style="list-style-type: none"> <li>(1) Sufficient room shall be available to accommodate persons served in comfort and safety.</li> <li>(2) The premises shall be maintained in a state of good repair and shall provide a safe and healthful environment.</li> <li>(3) All persons shall be protected against hazards within the facility through provision of the following: <ol style="list-style-type: none"> <li>(A) Protective devices such as nonslip material on rugs.</li> <li>(B) Information and instruction regarding life protection and other appropriate subjects.</li> </ol> </li> <li>(4) Stairways, inclines, ramps and open porches and areas of potential hazard to residents with poor balance or eyesight shall be made inaccessible to residents unless equipped with sturdy hand railings and unless well-lighted.</li> <li>(5) Night lights shall be maintained in hallways and passages to nonprivate bathrooms.</li> <li>(6) All outdoor and indoor passageways and stairways shall be kept free of obstruction.</li> <li>(7) Fireplaces and open-faced heaters shall be adequately screened.</li> </ol> <p>(e) Facilities providing services to residents who have physical or mental disabilities shall assure the inaccessibility of fishponds, wading pools, hot tubs, swimming pools or similar bodies of water, when not in active use by residents, through fencing, covering or other means.</p>	
<p><b>Security Window Bars</b></p> <p><b>H&amp;S §1569.6991.</b> On and after January 1, 1999, no security window bars may be installed or maintained on any residential care facility for the elderly unless the security window bars meet current state and local requirements, as applicable, for security window bars and safety release devices.</p> <p><b>T-22, §87468.</b> (a) Each resident shall have personal rights which include, but are not limited to, the following:</p>	<p><b>H&amp;S §1569.6991</b> <b>T-22, §87468(a)(6)</b></p>

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(6) To leave or depart the facility at any time and to not be locked into any room, building, or on facility premises by day or night. This does not prohibit the establishment of house rules, such as the locking of doors at night, for the protection of residents; nor does it prohibit, with permission of the licensing agency, the barring of windows against intruders.	
<p><b>Storage Space</b></p> <p><b>T-22, §87309.</b> (a) Disinfectants, cleaning solutions, poisons, firearms and other items which could pose a danger if readily available to clients shall be stored where inaccessible to clients.</p> <p>(1) Storage areas for poisons, and firearms and other dangerous weapons shall be locked.</p> <p>(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.</p> <p>(A) Firing pins shall be stored and locked separately from firearms.</p> <p>(3) Ammunition shall be stored and locked separately from firearms.</p> <p>(b) Medicines shall be stored as specified in Section 87465(c) and separately from other items specified in (a) above.</p> <p>(c) The items specified in (a) above shall not be stored in food storage areas or in storage areas used by or for clients.</p>	<b>T-22, §87309</b>
<p><b>Telephone Service</b></p> <p><b>T-22, §87311.</b> All facilities shall have telephone service on the premises. Facilities with a capacity of sixteen (16) or more persons shall be listed in the telephone directory under the name of the facility.</p>	<b>T-22, §87311</b>
<b>Operational Requirements</b>	
<p><b>Plan of Operation<sup>1</sup></b></p> <p><b>T-22, §87208.</b> (a) Each facility shall have and maintain a current, written definitive plan of operation. The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval.</p> <p>(5) Staffing plan, qualifications and duties.</p> <p>(6) Plan for training staff, as required by Section 87411(c).</p>	<b>T-22, §87208(a), (a)(5) &amp; (a)(6)</b>
<p><b>T-22, §87705.</b> (b) In addition to the requirements as specified in Section 87208, Plan of Operation, the plan of operation shall address the needs of residents with dementia, including:</p> <p>(1) Procedures for notifying the resident's physician, family members and responsible persons who have requested notification, and conservator, if any, when a resident's behavior or condition changes.</p>	<b>T-22, §87705(b)(1)-(2)</b>

<sup>1</sup> Since the Plan of Operation is being reviewed as a part of application processing, only verify that the plan is on file in the facility.

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(2) Safety measures to address behaviors such as wandering, aggressive behavior and ingestion of toxic materials.	
<b>Advertising/Promotion of Special Care for Residents with Dementia</b>  <b>H&amp;S §1569.33.</b> (h) As a part of the department’s evaluation process, the department shall review the plan of operation, training logs, and marketing materials of any residential care facility for the elderly that advertises or promotes special care, special programming, or a special environment for persons with dementia to monitor compliance with Sections 1569.626 and 1569.627.	<b>H&amp;S §1569.33(h)</b>
<b>Residents who are Bedridden</b>  <b>T-22, §87606(f)</b> To accept or retain a bedridden person, a facility shall ensure the following: (1) The facility's Plan of Operation includes a statement of how the facility intends to meet the overall health, safety and care needs of bedridden persons. (A) The facility's Emergency Disaster Plan, addresses fire safety precautions specific to evacuation of bedridden residents in the event of an emergency or disaster. (B) In addition to the requirements specified in Care of Persons with Dementia, the needs of residents with dementia who are bedridden, shall be met. (C) The needs of residents who are terminally ill and who are bedridden shall be met.	<b>T-22, §87606(f)(1)(A)-(C)</b>
<b>Liability Insurance</b>  <b>H&amp;S §1569.605.</b> On and after July 1, 2015, all residential care facilities for the elderly, except those facilities that are an integral part of a continuing care retirement community, shall maintain liability insurance covering injury to residents and guests in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the total annual aggregate, caused by the negligent acts or omissions to act of, or neglect by, the licensee or its employees.	<b>H&amp;S §1569.605</b>
<b>Fire Clearance</b>  <b>T-22, §87202(a)</b> All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal: (1) Nonambulatory persons. (2) Bedridden persons	<b>T-22, §87202(a)(1)-(2)</b>
<b>Reporting Requirements</b>  <b>T-22, §87211.</b> (a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following:	<b>T-22, §87211(a)-(e)</b>

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(1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case.

(A) Death of any resident from any cause regardless of where the death occurred, including but not limited to a day program, a hospital, en route to or from a hospital, or visiting away from the facility.

(B) Any serious injury as determined by the attending physician and occurring while the resident is under facility supervision.

(C) The use of an Automated External Defibrillator.

(D) Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse of a resident by staff or other residents, or unexplained absence of any resident.

(2) Occurrences, such as epidemic outbreaks, poisonings, catastrophes or major accidents which threaten the welfare, safety or health of residents, personnel or visitors, shall be reported within 24 hours either by telephone or facsimile to the licensing agency and to the local health officer when appropriate.

(3) Fires or explosions which occur in or on the premises shall be reported immediately to the local fire authority; in areas not having organized fire services, within 24 hours to the State Fire Marshal; and no later than the next working day to the licensing agency.

(b) Any suspected physical abuse that results in serious bodily injury of an elder or dependent adult shall be reported to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two (2) hours as required by Welfare and Institutions Code Section 15630(b)(1).

(c) Any suspected physical abuse that does not result in serious bodily injury of an elder or dependent adult shall be reported to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within twenty-four (24) hours as required by Welfare and Institutions Code Section 15630(b)(1).

(d) The licensee shall notify the Department, in writing, within thirty (30) days of the hiring of a new administrator. The notification shall include the following:

(1) Name and residence and mailing addresses of the new administrator.

(2) Date he/she assumed his/her position.

(3) Description of his/her background and qualifications, including documentation of required education and administrator certification.

(A) A photocopy of the documentation is acceptable.



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<p>(e) Any change in the chief corporate officer of an organization, corporation or association shall be reported to the licensing agency in writing within fifteen (15) working days following such change. Such notification shall include the name, address and the fingerprint card of the new chief executive officer, as required by Section 87355, Criminal Record Clearance.</p>									
<p><b>Bonds</b></p> <p><b>T-22, §87216.</b> (a) Each licensee, other than a county, who is entrusted to safeguard resident cash resources, shall file or have on file with the licensing agency a copy of a bond issued by a surety company to the State of California as principal.</p> <p>(1) The amount of the bond shall be in accordance with the following schedule:</p> <table border="1" data-bbox="180 511 766 662"> <thead> <tr> <th>Total Safeguarded per Month</th><th>Bond Required</th></tr> </thead> <tbody> <tr> <td>\$750 or less</td><td>\$1,000</td></tr> <tr> <td>\$751 to \$1,500</td><td>\$2,000</td></tr> <tr> <td>\$1,501 to \$2,500</td><td>\$3,000</td></tr> </tbody> </table> <p>Every further increment of \$1,000 or fraction thereof shall require an additional \$1,000 on the bond.</p> <p>(b) Whenever the licensing agency determines that the amount of the bond is insufficient to adequately protect the money of residents, or whenever the amount of any bond is impaired by any recovery against the bond, the licensing agency may require the licensee to file an additional bond in such amount as the licensing agency determines to be necessary to adequately protect the residents' money.</p> <p>(c) Each application for a license or renewal of license shall be accompanied by an affidavit on a form provided by the licensing agency. The affidavit shall state whether the applicant/licensee will be entrusted/is entrusted to safeguard or control cash resources of persons and the maximum amount of money to be handled for all persons in any month.</p> <p>(d) No licensee shall either handle money of a resident or handle amounts greater than those stated in the affidavit submitted by him or for which his bond is on file without first notifying the licensing agency and filing a new or revised bond as required by the licensing agency.</p> <p>(e) A written request for a variance from the bonding requirement may be made to the licensing agency. Approval by the licensing agency of a variance shall be in writing. The request shall include a signed statement from the licensee indicating:</p> <p>(1) That the bonding requirement is so onerous that as a result the facility will cease to operate.</p> <p>(2) The place of deposit in which the resident's funds are to be held.</p>	Total Safeguarded per Month	Bond Required	\$750 or less	\$1,000	\$751 to \$1,500	\$2,000	\$1,501 to \$2,500	\$3,000	<p><b>T-22, §87216(a)-(e)</b></p>
Total Safeguarded per Month	Bond Required								
\$750 or less	\$1,000								
\$751 to \$1,500	\$2,000								
\$1,501 to \$2,500	\$3,000								

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(3) That withdrawals will be made only on the authorization of the resident or his responsible person.	
<p><b>Commingle of Money</b></p> <p><b>T-22, §87215.</b> Money and valuables of residents entrusted to the licensee of one community care facility licensed under a particular license number shall not be commingled with those of another community care facility of a different license number, regardless of joint ownership.</p>	<b>T-22, §87215</b>
<p><b>Safeguarding Resident Cash, Property &amp; Valuables</b></p> <p><b>T-22, §87217.</b> (a) A licensee shall not be required to handle residents' cash resources. However, if a resident incapable of handling his own cash resources, as documented by the initial or subsequent appraisal, is accepted for care, his cash resource shall be safeguarded in accordance with the regulations in this section.</p> <p>(b) Every facility shall take appropriate measures to safeguard residents' cash resources, personal property and valuables which have been entrusted to the licensee or facility staff. The licensee shall give the residents receipts for all such articles or cash resources.</p> <p>(c) Every facility shall account for any cash resources entrusted to the care or control of the licensee or facility staff.</p> <p>(1) Cash resources include but are not limited to monetary gifts, tax credits and/or refunds, earnings from employment or workshops, and personal and incidental need allowances from funding sources such as SSI-SSP.</p> <p>(d) Except as provided in approved continuing care agreements, no licensee or employee of a facility shall:</p> <p>(1) accept appointment as a guardian or conservator of the person and/or estate of any resident;</p> <p>(2) accept any general or special power of attorney for any such person;</p> <p>(3) become substitute payee for any payments made to any persons;</p> <p>(A) This requirement does not apply to a licensee who is appointed by the Social Security Administration as representative payee for the resident.</p> <p>(4) become the joint tenant on any account specified in Section 87217(h) with a resident.</p> <p>(e) Cash resources and valuables of residents which are handled by the licensee for safekeeping shall not be commingled with or used as the facility funds or petty cash, and shall be separate, intact and free from any liability the licensee incurs in the use of his own or the facility's funds and valuables. This does not prohibit the licensee from providing advances or loans to residents from facility money.</p>	<b>T-22, §87215(a)-(m)</b>

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(f) No licensee or employee of a facility shall make expenditures from residents' cash resources for any basic service specified in this Chapter, or for any basic services identified in a contract/admission agreement between the resident and facility.

(1) This requirement does not apply to a licensee who is appointed by the Social Security Administration as representative payee for the resident.

(g) Each licensee shall maintain adequate safeguards and accurate records of cash resources and valuables entrusted to his care, including, but not limited to the following:

(1) Records of residents' cash resources maintained as a drawing account shall include a ledger accounting (columns for income, disbursements and balance) for each resident, and supporting receipts filed in chronological order. Each accounting shall be kept current.

(A) An acceptable receipt where cash is provided to residents from their respective accounts, includes: the resident's signature or mark, or responsible party's full signature, and a statement acknowledging receipt of the amount and date received. An acceptable form of receipt would include:

“(full signature of resident) accepts (dollar amount) (amount written in cursive), this date (date), from (payor).”

(B) An acceptable receipt where purchases are made for the resident, from his account, is the store receipt.

(2) Records of residents' cash resources and other valuables entrusted to the licensee for safekeeping shall include a copy of the receipt furnished to the resident as specified in (b) above or to his responsible person. The receipt provided to the resident for money or valuables entrusted to the licensee shall be original and include the resident's and/or his responsible person's signature.

(3) Bank records for transactions of cash resources deposited in and drawn from the account as specified in (h) below.

(h) Immediately upon admission, residents' cash resources entrusted to the licensee and not kept in the licensed facility shall be deposited in any type of bank, savings and loan or credit union account, which is maintained separate from the personal or business accounts of the licensee, provided that the account title clearly notes that it is residents' money and the resident has access to the money upon demand to the licensee.

(1) Such accounts shall be maintained in a local bank, savings and loan or credit union authorized to do business in California, the deposits of which are insured by a branch of the Federal Government; except, however, that a local public agency may deposit such funds with the public treasurer.

(2) Cash resources entrusted to the licensee for residents and kept on the facility premises shall be kept in a locked and secure location.

(i) Upon discharge of a resident, all cash resources, personal property and valuables of that resident which have been entrusted to the licensee shall be surrendered to the resident, or his responsible person. A signed receipt shall be obtained.

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<p>(j) Upon the death of a resident, all cash resources, personal property, and valuables of that resident shall immediately be safeguarded.</p> <p>(1) All cash resources shall be placed in an account as specified in (g) above.</p> <p>(2) The executor or the administrator of the estate shall be notified by the licensee, and the cash resources, personal property, and valuables surrendered to said party.</p> <p>(3) If no executor or administrator has been appointed, the responsible person shall be notified, and the cash resources, personal property, and valuables shall be surrendered to said person in exchange for a signed itemized receipt.</p> <p>(4) If the licensee is unable to notify a responsible party as specified above, immediate written notice of the resident's death shall be given to the public administrator of the county as provided by Section 7600.5 of the California Probate Code.</p> <p>(k) Whenever there is a change of licensee, the licensee shall:</p> <p>(1) notify the licensing agency of any pending change of licensee, and</p> <p>(2) shall provide the licensing agency an accounting of all residents' cash resources, personal property and valuables entrusted to his/her care. Such accounting shall be made on a form provided or approved by the Department.</p> <p>(l) When the licensing agency approves the application for the new licensee, the form specified in (2) above shall be updated, signed by both parties, and forwarded to the licensing agency.</p> <p>(m) All monetary gifts, and any gift exceeding an estimated value of \$100, which are given to a licensee by or on behalf of a resident shall be recorded. The record shall be attached to the account specified in (f) above. This shall not include monetary gifts or valuables given by the friends or relatives of a deceased resident.</p>	
<p><b>Theft &amp; Loss</b></p> <p><b>H&amp;S §1569.153.</b> A theft and loss program shall be implemented by the residential care facilities for the elderly within 90 days after January 1, 1989. The program shall include all of the following:</p> <p>(a) Establishment and posting of the facility's policy regarding theft and investigative procedures.</p> <p>(b) Orientation to the policies and procedures for all employees within 90 days of employment.</p> <p>(c) Documentation of lost and stolen resident property with a value of twenty-five dollars (\$25) or more within 72 hours of the discovery of the loss or theft and, upon request, the documented theft and loss record for the past 12 months shall be made available to the State Department of Social Services, law enforcement agencies and to the office of the State Long-Term Care Ombudsman in response to a specific complaint. The documentation shall include, but not be limited to, the following:</p>	<p><b>H&amp;S §1569.153(a)-(m)</b>  <b>T-22, §87218(a)(1)-(3)</b></p>

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- (1) A description of the article.
- (2) Its estimated value.
- (3) The date and time the theft or loss was discovered.
- (4) If determinable, the date and time the loss or theft occurred.
- (5) The action taken.

(d) A written resident personal property inventory is established upon admission and retained during the resident's stay in the residential care facility for the elderly. Inventories shall be written in ink, witnessed by the facility and the resident or resident's representative, and dated. A copy of the written inventory shall be provided to the resident or the person acting on the resident's behalf. All additions to an inventory shall be made in ink, and shall be witnessed by the facility and the resident or resident's representative, and dated. Subsequent items brought into or removed from the facility shall be added to or deleted from the personal property inventory by the facility at the written request of the resident, the resident's family, a responsible party, or a person acting on behalf of a resident. The facility shall not be liable for items which have not been requested to be included in the inventory or for items which have been deleted from the inventory. A copy of a current inventory shall be made available upon request to the resident, responsible party, or other authorized representative. The resident, resident's family, or a responsible party may list those items which are not subject to addition or deletion from the inventory, such as personal clothing or laundry, which are subject to frequent removal from the facility.

(e) Inventory and surrender of the resident's personal effects and valuables upon discharge to the resident or authorized representative in exchange for a signed receipt.

(f) Inventory and surrender of personal effects and valuables following the death of a resident to the authorized representative in exchange for a signed receipt. Immediate written notice to the public administrator of the county upon the death of a resident whose heirs are unable or unwilling to claim the property as specified in Chapter 20 (commencing with Section 1140) of Division 3 of the Probate Code.

(g) Documentation, at least semiannually, of the facility's efforts to control theft and loss, including the review of theft and loss documentation and investigative procedures and results of the investigation by the administrator and, when feasible, the resident council.

(h) Establishment of a method of marking, to the extent feasible, personal property items for identification purposes upon admission and, as added to the property inventory list, including engraving of dentures and tagging of other prosthetic devices.

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<p>(i) Reports to the local law enforcement agency within 36 hours when the administrator of the facility has reason to believe resident property with a then current value of one hundred dollars (\$100) or more has been stolen. Copies of those reports for the preceding 12 months shall be made available to the State Department of Social Services and law enforcement agencies.</p> <p>(j) Maintenance of a secured area for residents' property which is available for safekeeping of resident property upon the request of the resident or the resident's responsible party. Provide a lock for the resident's bedside drawer or cabinet upon request of and at the expense of the resident, the resident's family, or authorized representative. The facility administrator shall have access to the locked areas upon request.</p> <p>(k) A copy of this section and Sections 1569.152 and 1569.154 is provided by a facility to all of the residents and their responsible parties, and, available upon request, to all of the facility's prospective residents and their responsible parties.</p> <p>(l) Notification to all current residents and all new residents, upon admission, of the facility's policies and procedures relating to the facility's theft and loss prevention program.</p> <p>(m) Only those residential units in which there are no unrelated residents and where the unit can be secured by the resident or residents are exempt from the requirements of this section.</p> <p><b>T-22, §87218.</b> (a) The licensee shall ensure an adequate theft and loss program as specified in Health and Safety Code Section 1569.153.</p> <p>(1) The initial personal property inventory shall be completed by the licensee and the resident or the resident's representative.</p> <p>(2) A licensee who fails to make reasonable efforts to safeguard resident property, shall reimburse a resident for or replace stolen or lost resident property at its current value. The licensee shall be presumed to have made reasonable efforts to safeguard resident property if there is clear and convincing evidence of efforts to meet each requirement specified in Section 1569.153.</p> <p>(A) A civil penalty shall be levied if the licensee or facility staff have not implemented a theft and loss program, or if the licensee has not shown clear and convincing evidence of its efforts to meet all of the requirements set forth in Section 1569.153.</p> <p>(3) The facility contract of admission, including all documents a resident or his or her representative must sign as a condition of admission, shall not require or suggest a lesser standard of responsibility for the personal property of residents than the law requires.</p>	
<b>Staffing</b>	
<b>Note:</b> Verify the staffing plan is in the facility plan of operation.	

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<p><b>Excluded Persons</b></p> <p><b>H&amp;S §1569.58(g)</b> A licensee’s failure to comply with the department’s exclusion order after being notified of the order shall be grounds for disciplining the licensee pursuant to Section 1569.50.<sup>2</sup></p> <p><b>T-22, §87777(a)</b> The Department may prohibit an individual from serving as a board of directors, executive director, or officer; being employed or allowed in a licensed facility as specified in Health and Safety Code Sections 1569.58 and 1569.59.</p>	<p><b>H&amp;S §1569.58(g)</b> <b>T-22, §87777(a)</b></p>
<p><b>Administrator Presence</b></p> <p><b>H&amp;S §1569.618(a)</b> The administrator designated by the licensee pursuant to paragraph (11) of subdivision (a) of Section 1569.15 shall be present at the facility during normal working hours. A facility manager designated by the licensee with notice to the department, shall be responsible for the operation of the facility when the administrator is temporarily absent from the facility.</p>	<p><b>H&amp;S §1569.618(a)</b></p>
<p><b>Responsible/Accountable Person on Premises</b></p> <p><b>H&amp;S §1569.618(b)</b> At least one administrator, facility manager, or designated substitute who is at least 21 years of age and has qualifications adequate to be responsible and accountable for the management and administration of the facility pursuant to Title 22 of the California Code of Regulations shall be on the premises 24 hours per day. The designated substitute may be a direct care staff member who shall not be required to meet the educational, certification, or training requirements of an administrator. The designated substitute shall meet qualifications that include, but are not limited to, all of the following:</p> <ul style="list-style-type: none"> <li>(1) Knowledge of the requirements for providing care and supervision appropriate to each resident of the facility.</li> <li>(2) Familiarity with the facility’s planned emergency procedures.</li> <li>(3) Training to effectively interact with emergency personnel in the event of an emergency call, including an ability to provide a resident’s medical records to emergency responders.</li> </ul>	<p><b>H&amp;S §1569.618(b)(1)-(3)</b></p>
<p><b>Sufficient Staffing</b></p> <p><b>H&amp;S §1569.618(c)</b> The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following:</p> <ul style="list-style-type: none"> <li>(1) Provide the care required in each resident’s written record of care as described in Section 1569.80.</li> <li>(2) Ensure the health, safety, comfort, and supervision of the residents.</li> <li>(3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.</li> <li>(4) Ensure that the facility is clean, safe, sanitary, and in good repair at all times.</li> </ul>	<p><b>H&amp;S §1569.618(c)(1)-(4)</b></p>

<sup>2</sup> H&S §1569.50 includes denying an application for licensure, suspending or revoking a license.

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<p><b>T-22, §87411.</b> (a) Facility personnel shall at all times be sufficient in numbers, and competent to provide the services necessary to meet resident needs. In facilities licensed for sixteen or more, sufficient support staff shall be employed to ensure provision of personal assistance and care as required in Section 87608, Postural Supports. Additional staff shall be employed as necessary to perform office work, cooking, house cleaning, laundering, and maintenance of buildings, equipment and grounds. The licensing agency may require any facility to provide additional staff whenever it determines through documentation that the needs of the particular residents, the extent of services provided, or the physical arrangements of the facility require such additional staff for the provision of adequate services.</p>	<p><b>T-22, §87411(a)</b></p>
<p><b>Night Supervision</b></p> <p><b>T-22, §87415.</b> (a) The following persons providing night supervision from 10:00 p.m. to 6:00 a.m. shall be familiar with the facility's planned emergency procedures, shall be trained in first aid as required in Section 87465, Incidental Medical and Dental Care Services, and shall be available as indicated below to assist in caring for residents in the event of an emergency:</p> <ul style="list-style-type: none"> <li>(1) In facilities caring for less than sixteen (16) residents, there shall be a qualified person on call on the premises.</li> <li>(2) In facilities caring for sixteen (16) to one hundred (100) residents at least one employee shall be on duty on the premises, and awake. Another employee shall be on call, and capable of responding within ten minutes.</li> <li>(3) In facilities caring for one hundred one (101) to two hundred (200) residents, one employee shall be on call, on the premises; one employee shall be on duty on the premises and awake; and one employee shall be on call and capable of responding within 10 minutes.</li> <li>(4) Every additional 100 residents, or fraction thereof, shall require an additional one (1) staff person on duty, on the premises and awake.</li> <li>(5) In facilities required to have a signal system, specified in Section 87303, Maintenance and Operation, at least one night staff person shall be located to enable immediate response to the signal system. If the signal system is visual only, that person shall be awake.</li> <li>(6) The requirements of this section shall not prohibit compliance with additional supervisory requirements required by the State Fire Marshal.</li> </ul>	<p><b>T-22, §87415(a)(1)-(6)</b></p>
<p><b>Personnel in Good Health</b></p> <p><b>T-22, §87411(f)</b> All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would</p>	<p><b>T-22, §87411(f)</b></p>



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create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.	
<b>Personnel Records/Staff Training</b>	
<b>Note:</b> Plan of Operation is required to include a training plan for staff.	<b>T-22, §87208(a)(6)</b>
<p><b>Criminal Record Clearance/Exemption<sup>3</sup></b></p> <p><b>H&amp;S §1569.17.</b> (b) In addition to the applicant, the provisions of this section shall apply to criminal record clearances and exemptions for the following persons:</p> <p>(1) (A) Adults responsible for administration or direct supervision of staff.</p> <p>(B) Any person, other than a client, residing in the facility. Residents of unlicensed independent senior housing facilities that are located in contiguous buildings on the same property as a residential care facility for the elderly shall be exempt from these requirements.</p> <p>(C) Any person who provides client assistance in dressing, grooming, bathing, or personal hygiene. Any nurse assistant or home health aide meeting the requirements of Section 1338.5 or 1736.6, respectively, who is not employed, retained, or contracted by the licensee, and who has been certified or recertified on or after July 1, 1998, shall be deemed to meet the criminal record clearance requirements of this section. A certified nurse assistant and certified home health aide who will be providing client assistance and who falls under this exemption shall provide one copy of his or her current certification, prior to providing care, to the residential care facility for the elderly. The facility shall maintain the copy of the certification on file as long as the care is being provided by the certified nurse assistant or certified home health aide at the facility. Nothing in this paragraph restricts the right of the department to exclude a certified nurse assistant or certified home health aide from a licensed residential care facility for the elderly pursuant to Section 1569.58.</p> <p>(D) Any staff person, volunteer, or employee who has contact with the clients.</p> <p>(E) If the applicant is a firm, partnership, association, or corporation, the chief executive officer or other person serving in a similar capacity.</p> <p>(F) Additional officers of the governing body of the applicant or other persons with a financial interest in the applicant, as determined necessary by the department by regulation. The criteria used in the development of these regulations shall be based on the person's capability to exercise substantial influence over the operation of the facility.</p> <p>(2) The following persons are exempt from requirements applicable under paragraph (1):</p>	<p><b>H&amp;S §1569.17(b)(1)-(2)</b>  <b>T-22, §87355(e), (j),(k)</b></p>

<sup>3</sup> Although the administrator, staff and volunteers may not be identified at the time of a Pre-Licensing Visit, the LPA confirm that any person subject to a criminal record clearance or exemption must have had the clearance/exemption prior to licensure.

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- (A) A spouse, relative, significant other, or close friend of a client shall be exempt if this person is visiting the client or provides direct care and supervision to that client only.
- (B) A volunteer to whom all of the following apply:
  - (i) The volunteer is at the facility during normal waking hours.
  - (ii) The volunteer is directly supervised by the licensee or a facility employee with a criminal record clearance or exemption.
  - (iii) The volunteer spends no more than 16 hours per week at the facility.
  - (iv) The volunteer does not provide clients with assistance in dressing, grooming, bathing, or personal hygiene.
  - (v) The volunteer is not left alone with clients in care.
- (C) A third-party contractor retained by the facility if the contractor is not left alone with clients in care.
- (D) A third-party contractor or other business professional retained by a client and at the facility at the request or by permission of that client. These individuals shall not be left alone with other clients.
- (E) Licensed or certified medical professionals are exempt from fingerprint and criminal background check requirements imposed by community care licensing. This exemption does not apply to a person who is a community care facility licensee or an employee of the facility.
- (F) Employees of licensed home health agencies and members of licensed hospice interdisciplinary teams who have contact with a resident of a residential care facility at the request of the resident or resident's legal decisionmaker are exempt from fingerprint and criminal background check requirements imposed by community care licensing. This exemption does not apply to a person who is a community care facility licensee or an employee of the facility.
- (G) Clergy and other spiritual caregivers who are performing services in common areas of the residential care facility, or who are advising an individual resident at the request of, or with permission of, the resident, are exempt from fingerprint and criminal background check requirements imposed by community care licensing. This exemption does not apply to a person who is a community care facility licensee or an employee of the facility.
- (H) Any person similar to those described in this subdivision, as defined by the department in regulations.
- (I) Nothing in this paragraph shall prevent a licensee from requiring a criminal record clearance of any individual exempt from the requirements of this section, provided that the individual has client contact.

**T-22, §87355.** (e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility:

- (1) Obtain a California clearance or a criminal record exemption as required by the Department or
- (2) Request a transfer of a criminal record clearance as specified in Section 87355(c) or
- (3) Request and be approved for a transfer of a criminal record exemption, as specified in Section 87356(r), unless, upon request for a transfer, the Department permits the individual to be employed, reside or be present at the facility.

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<p>(j) The licensee shall maintain documentation of criminal record clearances or criminal record exemptions of employees in the individual's personnel file as required in Section 87412, Personnel Records.</p> <p>(k) The licensee shall maintain documentation of criminal record clearances or criminal record exemptions of volunteers that require fingerprinting and non-client adults residing in the facility.</p> <p>(1) Documentation shall be available at the facility for inspection by the Department.</p>	
<p><b>Personnel File</b></p> <p><b>T-22, §87412.</b> (a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information:</p> <ul style="list-style-type: none"> <li>(1) Employee's full name.</li> <li>(2) Social Security number.</li> <li>(3) Date of employment.</li> <li>(4) Written verification that the employee is at least 18 years of age, including, but not necessarily limited to, a copy of his/her birth certificate or driver's license.</li> <li>(5) Home address and telephone number.</li> <li>(6) Educational background. <ul style="list-style-type: none"> <li>(A) For administrators this shall include verification that he/she meets the educational requirements in 87405(b) and (c).</li> </ul> </li> <li>(7) Past experience, including types of employment and former employers.</li> <li>(8) Type of position for which employed.</li> <li>(9) Termination date if no longer employed by the facility.</li> <li>(10) Reasons for leaving.</li> <li>(11) A health screening as specified in Section 87411, Personnel Requirements - General.</li> <li>(12) Hazardous health conditions documents as specified in Section 87411, Personnel Requirements - General.</li> <li>(13) For employees that are required to be fingerprinted pursuant to Section 80355, Criminal Record Clearance: <ul style="list-style-type: none"> <li>(A) A signed statement regarding their criminal record history as required by Section 87355(d).</li> <li>(B) Documentation of either a criminal record clearance or a criminal record exemption as required by Section 87355(e). <ul style="list-style-type: none"> <li>1. For Certified Administrators, a copy their current and valid Administrative Certification meets this requirement</li> </ul> </li> </ul> </li> </ul> <p>(b) Personnel records shall be maintained for all volunteers and shall contain the following:</p> <ul style="list-style-type: none"> <li>(1) A health statement as specified in Section 87411(e).</li> <li>(2) Health screening documents as specified in Section 87411(e).</li> <li>(3) For volunteers that are required to be fingerprinted pursuant to Section 87355, Criminal Record Clearance: <ul style="list-style-type: none"> <li>(A) A signed statement regarding their criminal record history as required by Section 87355(d).</li> </ul> </li> </ul>	<p><b>T-22, §87412(a)- (h)</b></p>

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<p>(B) Documentation of either a criminal record clearance or a criminal record exemption as required by Section 87355(e).</p> <p>(c) Licensees shall maintain in the personnel records verification of required staff training and orientation.</p> <p>(d) The licensee shall maintain documentation that an administrator has met the certification requirements specified in Section 87406, Administrator Certification Requirements or the recertification requirements in Section 87407, Administrator Recertification Requirements.</p> <p>(e) In all cases, personnel records shall demonstrate adequate staff coverage necessary for facility operation by documenting the hours actually worked.</p> <p>(g) All personnel records shall be maintained at the facility.  (1) The licensee shall be permitted to retain such records in a central administrative location provided that they are readily available to the licensing agency at the facility as specified in Section 87412(f).</p> <p>(h) All personnel records shall be retained for at least three (3) years following termination of employment.</p>	
<p><b>General Training Requirements</b></p> <p><b>H&amp;S §1569.625(a)</b> The Legislature finds that the quality of services provided to residents of residential care facilities for the elderly is dependent upon the training and skills of staff. It is the intent of the Legislature in enacting this section to ensure that direct-care staff have the knowledge and proficiency to carry out the tasks of their jobs.</p> <p>(b) (1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on training.</p> <p>(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific</p>	<p><b>H&amp;S §1569.625(a)-(d)</b></p>

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<p>to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.</p> <p>(3) The department shall establish, in consultation with provider organizations, the subject matter required for the training required by this section.</p> <p>(c) The training shall include, but not be limited to, all of the following:</p> <ol style="list-style-type: none"> <li>(1) Physical limitations and needs of the elderly.</li> <li>(2) Importance and techniques for personal care services.</li> <li>(3) Residents' rights.</li> <li>(4) Policies and procedures regarding medications.</li> <li>(5) Psychosocial needs of the elderly.</li> <li>(6) Building and fire safety and the appropriate response to emergencies.</li> <li>(7) Dementia care, including the use and misuse of antipsychotics, the interaction of drugs commonly used by the elderly, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.</li> <li>(8) The special needs of persons with Alzheimer's disease and dementia, including nonpharmacologic, person-centered approaches to dementia care.</li> <li>(9) Cultural competency and sensitivity in issues relating to the underserved, aging, lesbian, gay, bisexual, and transgender community.</li> </ol> <p>(d) This section shall not apply to certified nurse assistants, certified pursuant to Article 9 (commencing with Section 1337) of Chapter 2, licensed vocational nurses, licensed pursuant to Chapter 6.5 (commencing with Section 2840) of Division 2 of the Business and Professions Code, and registered nurses, licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, except both of the following shall apply:</p> <ol style="list-style-type: none"> <li>(1) A licensed or certified health professional with valid certification shall receive eight hours of training on resident characteristics, resident records, and facility practices and procedures prior to providing direct care to residents.</li> <li>(2) In addition to paragraph (1), a certified nurse assistant shall also receive the 12 hours of dementia care training specified in Section 1569.626 and the annual training specified in paragraph (2) of subdivision (b).</li> </ol>	
<p><b>Initial &amp; Annual Training</b></p> <p><b>H&amp;S §1569.626.</b> (a) All residential care facilities for the elderly shall meet the following training requirements, as described in Section 1569.625, for all direct care staff:</p> <ol style="list-style-type: none"> <li>(1) Twelve hours of dementia care training, six of which shall be completed before a staff member begins working independently with residents, and the remaining six hours of which shall be completed within the first four weeks of</li> </ol>	<p><b>H&amp;S §1569.626</b></p>

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<p>employment. All 12 hours shall be devoted to the care of persons with dementia. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.</p> <p>(2) Eight hours of in-service training per year on the subject of serving residents with dementia. This training shall be developed in consultation with individuals or organizations with specific expertise in dementia care or by an outside source with expertise in dementia care. In formulating and providing this training, reference may be made to written materials and literature on dementia and the care and treatment of persons with dementia. This training requirement may be satisfied in one day or over a period of time. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.</p>	
<b>Resident Records/Incident Reports</b>	
<p><b>Resident Records</b></p> <p><b>T-22, §87506.</b> (a) The licensee shall ensure that a separate, complete, and current record is maintained for each resident in the facility or in a central administrative location readily available to facility staff and to licensing agency staff.</p> <p>(c) All information and records obtained from or regarding residents shall be confidential.</p> <p>(1) The licensee shall be responsible for storing active and inactive records and for safeguarding the confidentiality of their contents. The licensee and all employees shall reveal or make available confidential information only upon the resident's written consent or that of his designated representative.</p>	<p><b>T-22, §87506(a) &amp; (c)(1)</b></p>
<p><b>H&amp;S §1569.267</b>(a) At admission, a facility staff person shall personally advise a resident and the resident's representative of, and give a complete written copy of, the rights in this article and the personal rights in Section 87468 of Title 22 of the California Code of Regulations. The licensee shall have each resident and the resident's representative sign and date a copy of the resident's rights, and the licensee shall include the signed and dated copy in the resident's record.</p>	<p><b>H&amp;S §1569.267(a)</b></p>
<p><b>Admission Agreement</b></p> <p><b>H&amp;S §1569.880</b>(a) For purposes of this section, an "admission agreement" includes all documents that a resident or his or her representative must sign at the time of, or as a condition of, admission to a residential care facility for the elderly licensed under this chapter.</p> <p>(b) The admission agreement shall not include any written attachment containing any provision that is prohibited from being included in the admission agreement.</p> <p><b>H&amp;S §1569.881.</b> (a) Every residential care facility for the elderly shall make blank complete copies of its admission agreement available to the public immediately, subject to time required for copying or mailing, at cost, upon request.</p>	<p><b>H&amp;S §1569.880 to H&amp;S §1569.889</b> <b>T-22, §87507</b></p>

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(b) Every residential care facility for the elderly shall conspicuously post in a location accessible to the public view within the facility either a complete copy of the admission agreement, or a notice of its availability from the facility.

**H&S §1569.882.** (a) The admission agreement shall be printed in black type of not less than 12-point type size, on plain white paper. The print shall appear on one side of the paper only.

(b) The admission agreement shall be written in clear, coherent, and unambiguous language, using words with common and everyday meanings. It shall be appropriately divided, and each section shall be appropriately captioned.

**H&S §1569.883.** (a) The admission agreement shall not include unlawful waivers of facility liability for the health and safety or personal property of residents.

(b) The admission agreement shall not include any provision that the facility knows or should know is deceptive, or unlawful under state or federal law.

**H&S §1569.884.** The admission agreement shall include all of the following:

(a) A comprehensive description of any items and services provided under a single fee, such as a monthly fee for room, board, and other items and services.

(b) A comprehensive description of, and the fee schedule for, all items and services not included in a single fee. In addition, the agreement shall indicate that the resident shall receive a monthly statement itemizing all separate charges incurred by the resident.

(c) A facility may assess a separate charge for an item or service only if that separate charge is authorized by the admission agreement. If additional services are available through the facility to be purchased by the resident that were not available at the time the admission agreement was signed, a list of these services and charges shall be provided to the resident or the resident's representative. A statement acknowledging the acceptance or refusal to purchase the additional services shall be signed and dated by the resident or the resident's representative and attached to the admission agreement.

(d) An explanation of the use of third-party services within the facility that are related to the resident's service plan, including, but not limited to, ancillary, health, and medical services, how they may be arranged, accessed, and monitored, any restrictions on third-party services, and who is financially responsible for the third-party services.

(e) A comprehensive description of billing and payment policies and procedures.

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(f) The conditions under which rates may be increased pursuant to Section 1569.655.

(g) The facility's policy concerning family visits and other communication with residents, pursuant to Section 1569.313.

(h) The facility's policy concerning refunds, including the conditions under which a refund for advanced monthly fees will be returned in the event of a resident's death, pursuant to Section 1569.652.

(i) Conditions under which the agreement may be terminated.

(j) An explanation of the facility's responsibility to prepare a relocation evaluation, for each resident and a closure plan and to provide notice in the case of an eviction pursuant to Section 1569.682.

**H&S 1569.885.** (a) When referring to a resident's obligation to observe facility rules, the admission agreement shall indicate that the rules must be reasonable, and that there is a facility procedure for suggesting changes in the rules. A facility rule shall not violate any right set forth in this article or in other applicable laws and regulations.

(b) The admission agreement shall specify that a copy of the facility grievance procedure for resolution of resident complaints about facility practices shall be made available to the resident or his or her representative.

(c) The admission agreement shall inform a resident of the right to contact the State Department of Social Services, the long-term care ombudsman, or both, regarding grievances against the facility.

(d) A copy of any applicable resident's rights specified by law or regulation shall be an attachment to all admission agreements.

(e) The statement of resident's rights attached to admissions agreements by a residential care facility for the elderly shall include information on the reporting of suspected or known elder and dependent adult abuse, as set forth in Section 1569.889.

**H&S §1569.886.** (a) The admission agreement shall not include any ground for involuntary transfer or eviction of the resident unless those grounds are specifically enumerated under state law or regulation.

(b) The admission agreement shall list the justifications for eviction permissible under state law or regulation, exactly as they are worded in the applicable law or regulation.



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(c) The admission agreement shall include an explanation of the resident's right to notice prior to an involuntary transfer, discharge, or eviction, the process by which the resident may appeal the decision and a description of the relocation assistance offered by the facility.

(d) The admission agreement shall state the responsibilities of the licensee and the rights of the resident when a facility evicts residents pursuant to Section 1569.682.

**H&S §1569.887.** (a) The admission agreement shall be signed and dated, acknowledging the contents of the document, by the resident or the resident's representative.

(b) The licensee shall retain in the resident's file the original signed and dated initial agreement and all subsequent modifications.

(c) The licensee shall provide a copy of the signed and dated admission agreement to the resident or the resident's representative, if any.

(d) The admission agreement shall be reviewed at the time of the compliance visit and in response to a complaint involving the admission agreement.

**H&S §1569.888.** (a) The requirements of this article relating to admission agreements for residential care facilities for the elderly are intended to be in addition to, and not exclusive of, any other requirements established by state law or regulation.

(b) This article shall not apply to licensees of residential care facilities for the elderly that have obtained a certificate of authority to offer continuing care contracts, as defined in paragraph (5) of subdivision (c) of Section 1771.

**H&S §1569.889.** (a) The personal rights form made available by the department's Community Care Licensing Division to residential care facilities for the elderly shall include a statement regarding procedures for reporting known or suspected elder and dependent adult abuse, including the toll-free telephone number of the State Long-Term Care Ombudsman's CRISISline and a blank space for the telephone number of the nearest approved organization for long-term care ombudsperson activities. A residential care facility for the elderly shall insert in the form's blank space the telephone number of the nearest approved organization for long-term care ombudsperson activities.

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<p><b>T-22, 87507.</b> (a) The licensee shall complete an individual written admission agreement, as defined in Section 87101(a), with each resident or the resident's representative, if any.</p> <p>(1) The text of the admission agreement, including any attachments and modifications, shall be:</p> <p>(A) Printed in black type of not less than 12-point type size, on plain white paper. The print shall appear on one side of the paper only.</p> <p>(B) Written in clear, understandable, coherent, and unambiguous language, using words with common and everyday meanings, and shall be appropriately divided with each section appropriately titled.</p> <p>(b) The licensee shall complete and maintain in the resident's file a Telecommunications Device Notification form (LIC 9158, 11/04) for each resident whose pre-admission appraisal or medical assessment indicates he/she is deaf, hearing-impaired, or otherwise disabled in accordance with Public Utilities Code sections 2881(a) and (c).</p> <p>(c) Admission agreements shall be signed and dated, acknowledging the contents of the document, by the resident or the resident's representative, if any, and the licensee or the licensee's designated representative no later than seven days following admission. Attachments to the agreement may be utilized as long as they are also signed and dated as prescribed above.</p> <p>(d) The licensee shall retain in the resident's file the original signed and dated admission agreement and all subsequent signed and dated modifications. This does not apply to rate increases which have specific notification requirements as specified in Health and Safety Code section 1569.655.</p> <p>(e) The licensee shall provide a copy of the signed and dated current admission agreement, and all subsequent signed and dated modifications, to the resident or the resident's representative, if any, immediately upon signing the admission agreement or modification. The licensee shall provide additional copies to the resident or resident's representative upon request.</p> <p>(1) The licensee shall provide blank copies of the most current approved admission agreement, modifications and attachments immediately to the public upon request. The licensee may charge fees at cost for copying or mailing the admission agreement.</p> <p>(2) The licensee shall conspicuously post in a location accessible to public view in the facility a complete copy of the approved admission agreement, modifications and attachments, or notice of their availability from the facility.</p> <p>(f) The licensee shall comply with all applicable terms and conditions set forth in the admission agreement, including all modifications and attachments.</p> <p>(g) Admission agreements shall specify the following:</p> <p>(1) Basic services, as defined in Section 87101(b), to be made available.</p>	
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(2) Additional items and services which are available.

(3) Payment provisions, including the following:

(A) Rate for all basic services which the facility is required to provide in order to obtain and maintain a license. Basic services rate(s), including:

1. A comprehensive description of any items and services provided under a single fee, such as monthly fee for room, board and other items and services shall be listed.
2. A comprehensive description of and the corresponding fee schedule for all basic services not included in the single fee shall be listed.
3. Exempt-income-allowance may be included if the resident agrees to such charge.

(B) Rate for additional items and services, including:

1. A comprehensive description of and the corresponding fee schedule for all additional items and services not included in the fees for basic services shall be listed.
2. A separate charge for an item or service may be assessed only if that charge is included in and authorized by the admission agreement.
3. A statement acknowledging any additional items and/or services that the resident refused to purchase at the time the admission agreement was signed, which shall be signed and dated by the resident or the resident's representative, if any, and attached to the admission agreement.
4. If the licensee offers additional items and/or services that were not available at the time the admission agreement was signed, a list of these services and charges shall be provided to the resident or the resident's representative.
5. A statement acknowledging the acceptance or refusal to purchase additional services that were not available at the time the admission agreement was signed, which shall be signed and dated by the resident or the resident's representative, if any, shall be attached to the admission agreement.
6. The use of third-party services within the facility shall be explained as they are related to the resident's service plan, including but not limited to, ancillary health, and medical services, how they may be arranged, accessed and monitored, any restrictions on third-party services, and who is financially responsible for the third-party services.

(C) Any fee that is charged prior to or after admission, shall be clearly specified.

1. If a licensee charges a preadmission fee, the licensee must provide the applicant or his or her representative with a written general statement describing all costs associated with the preadmission fee charges and stating that the preadmission fee is refundable, and describing conditions for the refund.
2. Only one preadmission fee, as defined in Section 87101(p), may be charged per resident admission.
3. A recipient under the State Supplementary Program for the Aged, Blind and Disabled Article 5 (commencing with Section 12200) of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code shall not be required to pay any form of preadmission fee or deposit.

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<p>4. A licensee shall not require, request, or accept any funds from a resident or a resident's representative, if any, that constitutes a deposit against any possible damages by the resident.</p> <p>(D) Payor of all items and services.</p> <p>(E) Due Date.</p> <p>(F) Funding source, provided that the resident may refuse to disclose such source.</p> <p>(G) A comprehensive description of billing and payment procedures.</p> <p>(H) A provision indicating that an itemized monthly statement that lists all separate charges incurred by the resident that are collected by the facility shall be provided to the resident or the resident's representative, if any.</p> <p>(4) Modification conditions, including the requirement for the provision of at least 60 days prior written notice to the resident of any rate or rate structure change, or as soon as the licensee is notified of SSI/SSP rate changes.</p> <p>(A) Admission agreements involving persons whose care is funded at government-prescribed rates may specify that operative dates of government modifications shall be considered operative dates for basic service rate modifications.</p> <p>(B) The conditions under which a licensee may increase or change rates shall be specified in the admission agreement, pursuant to Health and Safety Code sections 1569.655 and 1569.657.</p> <p>(5) Refund conditions.</p> <p>(A) Facility policy concerning refunds, including the conditions under which a refund for advanced monthly fees will be returned in the event of a resident's death, pursuant to Health and Safety Code section 1569.652.</p> <p>1. Written notice, required pursuant to Health and Safety Code section 1569.652(d), must be made to the individual or entity contractually responsible for the payment of the resident's fees, if that individual or entity is not also the resident's responsible person or other individual or individuals as identified in the admission agreement.</p> <p>(B) When the Department orders relocation of a resident under the provisions of Section 87223, the resident shall not be held responsible for meeting any advance notice requirement imposed by the licensee in the admission agreement. The licensee shall refund any money to which the resident would have been entitled had notice been given as required by the admission agreement.</p> <p>(C) The licensee shall refund any prepaid monthly fees to a resident or the resident's representative, if any, as follows:</p> <p>1. If a licensee forfeits the license upon the sale or transfer of the facility resulting in the resident's transfer, as specified in Health and Safety Code section 1569.682(a), the licensee surrenders the license or the licensee abandons the facility.</p> <p>2. If there is a change of use of the facility pursuant to Section 87224(a)(5).</p> <p>(D) The refund of prepaid monthly fees for any condition listed in (C)1. and (C)2. above shall be given as specified below:</p> <p>1. If the resident provides notice five days before the resident leaves the facility, the proportional daily amount of any prepaid monthly fee(s) shall be refunded at the time the resident leaves the facility and the unit is vacated.</p>	
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2. If the resident does not provide the above 5-day notice the licensee shall refund a proportional daily amount of any prepaid monthly fee(s) within seven days from the date that the resident leaves the facility and the unit is vacated.

(E) Preadmission fees shall be refunded according to the following conditions:

1. A 100 percent refund of a preadmission fee shall be provided to an applicant or the applicant's representative if:
  - a. The applicant decides not to enter the facility prior to the facility completing a preadmission appraisal as defined in Section 87457.
  - b. The licensee fails to provide full written disclosure of preadmission fee charges and refund conditions.
2. Unless Section 87507(g)(5)(E)1. applies, paid preadmission fees that are greater than five hundred dollars (\$500) shall be refunded to an applicant, resident, or the applicant/resident's representative in the following manner:
  - a. A refund of at least 80 percent of the preadmission fee in excess of \$500 shall be provided if the applicant does not enter the facility after a preadmission appraisal is conducted, or the resident leaves the facility for any reason during the first month of residency.
  - b. A refund of at least 60 percent of the preadmission fee in excess of \$500 shall be provided if the resident leaves the facility for any reason during the second month of residency.
  - c. A refund of at least 40 percent of the preadmission fee in excess of \$500 shall be provided if the resident leaves the facility for any reason during the third month of residency.
  - d. If the resident has lived in the facility for four or more months, the licensee may, but is not required to, make a refund of the preadmission fee.
3. Notwithstanding Section 87507(g)(5)(E)1., paid preadmission fees greater than five hundred dollars (\$500) shall be refunded to a resident or the resident's representative as follows:
  - a. If a licensee forfeits the license upon the sale or transfer of the facility resulting in the resident's transfer, as specified in Health and Safety Code section 1569.682(a), the licensee surrenders the license, the licensee abandons the facility, or if there is a change of use of the facility pursuant to Section 87224(a)(5):
    - i. A 100 percent refund shall be provided if preadmission fees in excess of \$500 were paid within six months of the eviction notice.
    - ii. A 75 percent refund shall be provided if preadmission fees in excess of \$500 were paid more than six but not more than 12 months before the eviction notice.
    - iii. A 50 percent refund shall be provided if preadmission fees in excess of \$500 were paid more than 12 but not more than 18 months before the eviction notice.
    - iv. A 25 percent refund shall be provided if preadmission fees in excess of \$500 were paid more than 18 but less than 25 months before the eviction notice.
    - v. No preadmission refund is required if preadmission fees were paid 25 months or more before the eviction notice.

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b. If a resident transfers from the facility due to a notice of temporary suspension or revocation of a license, paid preadmission fees shall be refunded as specified in Health and Safety Code Section 1569.525(f).

c. Refunds required by Section 87507(g)(5)(E)3. shall be paid within 15 days of issuing the notice. The resident may request that the licensee provide a credit towards the resident's monthly fees in lieu of the preadmission fee refund.

(6) The Department or licensing agency's authority to examine residents' records as a part of their evaluation of the facility.

(7) The facility's policy concerning family visits and other communication with residents, pursuant to Health and Safety Code section 1569.313.

(8) General facility policies that are for the purpose of making it possible for residents to live together.

(A) All facility policies shall be reasonable, and shall not violate any applicable rights, laws or regulations.

(B) Procedures for residents to suggest changes to facility policies shall be specified.

(9) Notification of the availability of the facility grievance procedure(s) to address and resolve resident complaints regarding facility practices.

(10) The requirements pertaining to the involuntary transfer or eviction of residents, including:

(A) The actions, circumstances, or conditions listed in Section 87224, Eviction Procedures, that may result in the resident's eviction from the facility. Except for general facility policies developed pursuant to Section 87224(a)(3), the eviction provisions shall not be modified.

(B) Only those grounds specified under state law or regulation that allow for an involuntary transfer or eviction of a resident. Grounds not specified under state law or regulation shall not be included.

(C) The justification, worded exactly as shown in the applicable state law or regulation, that permits an eviction.

(D) An explanation of the resident's right to notice prior to an involuntary transfer, discharge, or eviction as specified in Health and Safety Code sections 1569.682 and 1569.683.

(E) The process by which the resident may file a complaint with the department regarding the eviction as specified in Health and Safety Code sections 1569.682(a)(2)(E) and 1569.683(a)(3).

(F) The relocation assistance offered by the licensee.

(G) The rights of the resident and the responsibilities of the licensee regarding closure plans, relocation evaluations and assistance, and providing notice when a licensee evicts residents as specified in Health and Safety Code sections 1569.682 and 1569.683.

(11) Other conditions under which the agreement may be terminated.

(12) A resident's right to contact the State Department of Social Services, the long-term care ombudsman, or both, regarding grievances against the facility.

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<p>(h) The admission agreement shall not contain the following:</p> <ul style="list-style-type: none"> <li>(1) Any provision that is prohibited from being included in the admission agreement.</li> <li>(2) Written or oral agreements to waive facility responsibility or liability for the health, safety or the personal property of residents, or the provision of safe and healthful facilities, equipment and accommodations.</li> <li>(3) Any provision that the facility knows or should know is deceptive or unlawful under applicable state or federal law.</li> <li>(4) Any provision that violates the rights of any residents including but not limited to those specified in Section 87468 and in Health and Safety Code section 1569 et seq.</li> </ul> <p>(i) The admission agreement shall not require advance notice for its termination upon the death of the resident.</p> <p>(j) No licensee shall enter into any continuing care contract with any person without approval by the Department in accordance with Health and Safety Code, Chapter 10, Division 2.</p> <p>(k) The admission agreement shall be reviewed at the time of the compliance visit and in response to a complaint involving the admission agreement.</p> <p>(l) The licensee shall attach a copy of applicable resident's rights specified by law or regulation to all admission agreements, and shall include information on the reporting of suspected or known elder and dependent abuse, as set forth in Health and Safety Code Section 1569.889.</p>	
<p><b>Register of Residents</b></p> <p><b>T-22, §87508(a)</b> The licensee shall ensure that a current register of all residents in the facility is maintained and contains the following updated information:</p> <ul style="list-style-type: none"> <li>(1) The resident's name and ambulatory status as specified in Section 87506(b)(1) and (b)(10).</li> <li>(2) Information on the resident's attending physician as specified in Section 87506(b)(7).</li> <li>(3) Information on the resident's responsible person as specified in Section 87506(b)(6).</li> </ul>	<p><b>T-22, §87508(a)(1)-(3)</b></p>
<p><b>T-22, §87508(b)</b> Registers of residents shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Registers may be removed if necessary for copying. Removal of registers shall be subject to the following requirements:</p> <ul style="list-style-type: none"> <li>(1) Licensing representatives shall not remove current registers unless the same information is otherwise readily available in another document or format.</li> <li>(2) Prior to removing any registers, a licensing representative shall prepare a list of the registers to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.</li> </ul>	<p><b>T-22, §87508(b)(1)-(3)</b></p>

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(3) Licensing representatives shall return the registers undamaged and in good order within three business days following the date the records were removed.	
<b>T-22, §87508(c)</b> The register of current residents shall be kept in a central location at the facility. (1) The register shall be treated as confidential information pursuant to Section 87506(c).	<b>T-22, §87508(c)(1)</b>
<b>Resident Rights/ Information</b>	
<b>Resident Rights Posted</b>  <b>H&amp;S §1569.267(b)</b> Licensees shall prominently post, in areas accessible to the residents and their representatives, a copy of the residents' rights.	<b>H&amp;S §1569.267(b)</b>
<b>Resident Rights</b>  <b>H&amp;S §1569.269.</b> (a) Residents of residential care facilities for the elderly shall have all of the following rights: (1) To be accorded dignity in their personal relationships with staff, residents, and other persons. (2) To be granted a reasonable level of personal privacy in accommodations, medical treatment, personal care and assistance, visits, communications, telephone conversations, use of the Internet, and meetings of resident and family groups. (3) To confidential treatment of their records and personal information and to approve their release, except as authorized by law. (4) To be encouraged and assisted in exercising their rights as citizens and as residents of the facility. Residents shall be free from interference, coercion, discrimination, and retaliation in exercising their rights. (5) To be accorded safe, healthful, and comfortable accommodations, furnishings, and equipment. (6) To care, supervision, and services that meet their individual needs and are delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs. (7) To be served food of the quality and in the quantity necessary to meet their nutritional needs. (8) To make choices concerning their daily life in the facility. (9) To fully participate in planning their care, including the right to attend and participate in meetings or communications regarding the care and services to be provided in accordance with Section 1569.80, and to involve persons of their choice in the planning process. The licensee shall provide necessary information and support to ensure that residents direct the process to the maximum extent possible, and are enabled to make informed decisions and choices. (10) To be free from neglect, financial exploitation, involuntary seclusion, punishment, humiliation, intimidation, and verbal, mental, physical, or sexual abuse. (11) To present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, coercion, discrimination, reprisal, or other retaliatory actions. The licensee shall take prompt actions to respond to residents' grievances.	<b>H&amp;S §1569.269(a)-(f)</b> <b>T-22, §87648(a)-(d)</b>



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| <p>(12) To contact the State Department of Social Services, the long-term care ombudsman, or both, regarding grievances against the licensee. The licensee shall post the telephone numbers and addresses for the local offices of the State Department of Social Services and ombudsman program, in accordance with Section 9718 of the Welfare and Institutions Code, conspicuously in the facility foyer, lobby, residents' activity room, or other location easily accessible to residents.</p> <p>(13) To be fully informed, as evidenced by the resident's written acknowledgement, prior to or at the time of admission, of all rules governing residents' conduct and responsibilities. In accordance with Section 1569.885, all rules established by a licensee shall be reasonable and shall not violate any rights set forth in this chapter or in other applicable laws or regulations.</p> <p>(14) To receive in the admission agreement a comprehensive description of the method for evaluating residents' service needs and the fee schedule for the items and services provided, and to receive written notice of any rate increases pursuant to Sections 1569.655 and 1569.884.</p> <p>(15) To be informed in writing at or before the time of admission of any resident retention limitations set by the state or licensee, including any limitations or restrictions on the licensee's ability to meet residents' needs.</p> <p>(16) To reasonable accommodation of individual needs and preferences in all aspects of life in the facility, except when the health or safety of the individual or other residents would be endangered.</p> <p>(17) To reasonable accommodation of resident preferences concerning room and roommate choices.</p> <p>(18) To written notice of any room changes at least 30 days in advance unless the request for a change is agreed to by the resident, required to fill a vacant bed, or necessary due to an emergency.</p> <p>(19) To share a room with the resident's spouse, domestic partner, or a person of resident's choice when both spouses, partners, or residents live in the same facility and consent to the arrangement.</p> <p>(20) To select their own physicians, pharmacies, privately paid personal assistants, hospice agency, and health care providers, in a manner that is consistent with the resident's contract of admission or other rules of the facility, and in accordance with this act.</p> <p>(21) To have prompt access to review all of their records and to purchase photocopies. Photocopied records shall be promptly provided, not to exceed two business days, at a cost not to exceed the community standard for photocopies.</p> <p>(22) To be protected from involuntary transfers, discharges, and evictions in violation of state laws and regulations. Facilities shall not involuntarily transfer or evict residents for grounds other than those specifically enumerated under state law or regulations, and shall comply with enumerated eviction and relocation protections for residents. For purposes of this paragraph, "involuntary" means a transfer, discharge, or eviction that is initiated by the licensee, not by the resident.</p> <p>(23) To move from a facility.</p> <p>(24) To consent to have relatives and other individuals of the resident's choosing visit during reasonable hours, privately and without prior notice.</p> <p>(25) To receive written information on the right to establish an advanced health care directive and, pursuant to Section 1569.156, the licensee's written policies on honoring those directives.</p> |  |
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(26) To be encouraged to maintain and develop their fullest potential for independent living through participation in activities that are designed and implemented for this purpose, in accordance with Section 87219 of Title 22 of the California Code of Regulations.

(27) To organize and participate in a resident council that is established pursuant to Section 1569.157.

(28) To protection of their property from theft or loss in accordance with Sections 1569.152, 1569.153, and 1569.154.

(29) To manage their financial affairs. A licensee shall not require residents to deposit their personal funds with the licensee. Except as provided in approved continuing care agreements, a licensee, or a spouse, domestic partner, relative, or employee of a licensee, shall not do any of the following:

(A) Accept appointment as a guardian or conservator of the person or estate of a resident.

(B) Become or act as a representative payee for any payments made to a resident, without the written and documented consent of the resident or the resident's representative.

(C) Serve as an agent for a resident under any general or special power of attorney.

(D) Become or act as a joint tenant on any account with a resident.

(E) Enter into a loan or promissory agreement or otherwise borrow money from a resident without a notarized written agreement outlining the terms of the repayment being given to the resident.

(30) To keep, have access to, and use their own personal possessions, including toilet articles, and to keep and be allowed to spend their own money, unless limited by statute or regulation.

(b) A licensed residential care facility for the elderly shall not discriminate against a person seeking admission or a resident based on sex, race, color, religion, national origin, marital status, registered domestic partner status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity.

(c) No provision of a contract of admission, including all documents that a resident or his or her representative is required to sign as part of the contract for, or as a condition of, admission to a residential care facility for the elderly, shall require that a resident waive benefits or rights to which he or she is entitled under this chapter or provided by federal or other state law or regulation.

(d) Residents' family members, friends, and representatives have the right to organize and participate in a family council that is established pursuant to Section 1569.158.

(e) The rights specified in this section shall be in addition to any other rights provided by law.

(f) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

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**T-22, §87468.** (a) Each resident shall have personal rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff, residents, and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.
- (3) To be free from corporal or unusual punishment, humiliation, intimidation, mental abuse, or other actions of a punitive nature, such as withholding of monetary allowances or interfering with daily living functions such as eating or sleeping patterns or elimination.
- (4) To be informed by the licensee of the provisions of law regarding complaints and of procedures to confidentially register complaints, including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency.
- (5) To have the freedom of attending religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis.
- (6) To leave or depart the facility at any time and to not be locked into any room, building, or on facility premises by day or night. This does not prohibit the establishment of house rules, such as the locking of doors at night, for the protection of residents; nor does it prohibit, with permission of the licensing agency, the barring of windows against intruders.
- (7) To visit the facility prior to residence along with his/her family and responsible persons.
- (8) To have his/her family or responsible persons regularly informed by the facility of activities related to his care or services including ongoing evaluations, as appropriate to the resident's needs.
- (9) To have communications to the facility from his/her family and responsible persons answered promptly and appropriately.
- (10) To be informed of the facility's policy concerning family visits and other communications with residents, as specified in Health and Safety Code Section 1569.313.
- (11) To have his/her visitors, including ombudspersons and advocacy representatives permitted to visit privately during reasonable hours and without prior notice, provided that the rights of other residents are not infringed upon.
- (12) To wear his/her own clothes; to keep and use his/her own personal possessions, including his/her toilet articles; and to keep and be allowed to spend his/her own money.
- (13) To have access to individual storage space for private use.
- (14) To have reasonable access to telephones, to both make and receive confidential calls. The licensee may require reimbursement for long distance calls.
- (15) To mail and receive unopened correspondence in a prompt manner.
- (16) To receive or reject medical care, or other services.
- (17) To receive assistance in exercising the right to vote.
- (18) To move from the facility.

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<p>(b) At admission, a resident and the resident's responsible person or conservator shall be personally advised of and given a list of these rights. The licensee shall have each resident and the resident's responsible person or conservator sign a copy of these rights, and the signed copy shall be included in the resident's record.</p> <p>(c) Facilities licensed for seven (7) or more shall prominently post, in areas accessible to the residents and their relatives, the following:</p> <ul style="list-style-type: none"> <li>(1) Procedures for filing confidential complaints.</li> <li>(2) A copy of these rights or, in lieu of a posted copy, instructions on how to obtain additional copies of these rights.</li> </ul> <p>(d) The information in (c) above shall be posted in English, and in facilities where a significant portion of the residents cannot read English, in the language they can read.</p>	
<p><b>Visiting Policy</b></p> <p><b>H&amp;S §1569.313.</b> Each residential care facility for the elderly shall state, on its client information form or admission agreement, and on its patient's rights form, the facility's policy concerning family visits and other communication with resident clients and shall promptly post notice of its visiting policy at a location in the facility that is accessible to residents and families.</p> <p>The facility's policy concerning family visits and communication shall be designed to encourage regular family involvement with the resident client and shall provide ample opportunities for family participation in activities at the facility.</p>	<p><b>H&amp;S, §1569.313</b></p>
<p><b>Resident Council<sup>4</sup></b></p> <p><b>H&amp;S §1569.157.</b> (a) Every licensed residential care facility for the elderly, at the request of two or more residents, shall assist the residents in establishing and maintaining a single resident council at the facility. The resident council shall be composed of residents of the facility. Family members, resident representatives, advocates, long-term care ombudsman program representatives, facility staff, or others may participate in resident council meetings and activities at the invitation of the resident council.</p> <p>(b) A resident council may, among other things, make recommendations to facility administrators to improve the quality of daily living and care in the facility and to promote and protect residents' rights.</p>	<p><b>H&amp;S §1569.157(a)(i)</b></p>

<sup>4</sup> LPAs must check that text of H&S Code §1569.157 are posted in accordance with subsection (h).

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<p>(c) If a resident council submits written concerns or recommendations, the facility shall respond in writing regarding any action or inaction taken in response to those concerns or recommendations within 14 calendar days.</p> <p>(d) Facility policies on resident councils shall not limit the right of residents to meet independently with outside persons or facility personnel.</p> <p>(e) Each resident council member shall be informed by the facility of his or her right to be interviewed as part of the regulatory inspection process.</p> <p>(f) Facilities shall promote resident councils as follows:</p> <ul style="list-style-type: none"><li>(1) If a facility has a resident council, the facility shall inform new residents of the existence of the resident council. The facility shall also provide information on the time, place, and dates of resident council meetings and the resident representative to contact regarding involvement in the resident council.</li><li>(2) If a facility has a resident council and a licensed capacity of 16 or more, the facility shall appoint a designated staff liaison to assist the resident council, make a room available for resident council meetings, and post meeting information in a central location readily accessible to residents, relatives, and resident representatives.</li><li>(3) If a facility does not have a resident council, upon admission, the facility shall provide written information on the resident's right to form a resident council to the resident and the resident representative, as indicated in the admissions agreement.</li><li>(4) Upon request, and with the permission of the resident council, the facility shall share the name and contact information of the designated representative of the resident council with the long-term care ombudsman program.</li></ul> <p>(g) A facility shall not willfully interfere with the formation, maintenance, or promotion of a resident council, or its participation in the regulatory inspection process. For the purposes of this subdivision, willful interference shall include, but not be limited to, discrimination or retaliation in any way against an individual as a result of his or her participation in a resident council, refusal to publicize resident council meetings or provide appropriate space for either meetings or a bulletin board, or failure to respond to written requests by the resident council in a timely manner.</p> <p>(h) The text of this section with the heading "Rights of Resident Councils" shall be posted in a prominent place at the facility accessible to residents, family members, and resident representatives.</p> <p>(i) A violation of this section shall not be subject to the provisions of Section 1569.40. A violation of this section shall constitute a violation of resident rights. A facility that violates this section shall be subject to a daily civil penalty of two hundred fifty dollars</p>	
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<p>(\$250) until the violation is corrected. A violation shall be deemed to have been corrected on the date the facility submits documentation of the correction to the department if the correction is verified by the department.</p>	
<p><b>Family Council</b></p> <p><b>H&amp;S §1569.158.</b> (a) A residential care facility for the elderly shall not prohibit the formation of a family council. When requested by a member of the resident’s family or the resident representative, a family council shall be allowed to meet in a common meeting room of the facility during mutually agreed upon hours.</p> <p>(b) Facility policies on family councils shall in no way limit the right of residents and participants in a family council to meet independently with outside persons, including members of nonprofit or government organizations or with facility personnel during nonworking hours.</p> <p>(c) “Family council” for the purpose of this section means a meeting of family members, friends, representatives, or agents as defined in Section 14110.8 of the Welfare and Institutions Code of two or more residents to confer in private without facility staff.</p> <p>(d) Family councils shall be provided adequate space on a prominent bulletin board or other posting area for the display of meeting notices, minutes, information, and newsletters.</p> <p>(e) Facility personnel or visitors may attend a family council meeting only at the family council’s invitation.</p> <p>(f) If a family council submits written concerns or recommendations, the facility shall respond in writing regarding any action or inaction taken in response to the concerns or recommendations within 14 calendar days.</p> <p>(g) (1) If a facility has a family council, the facility shall include notice of the family council and its meetings to family members and resident representatives in routine mailings and shall inform family members and resident representatives of new and current residents who are identified on the admissions agreement during the admissions process or in the resident’s records, of the existence of the family council, the time and place of meetings of the family council, and the name of the family council representative.</p> <p>(2) If a facility does not have a family council, the facility shall provide, upon admission of a new resident, written information to the resident’s family or resident representative of their right to form a family council.</p> <p>(3) Upon request, and with the permission of the family council, the facility shall share the name and contact information of the designated representative of the family council with the long-term care ombudsman program.</p>	<p><b>H&amp;S §1569.158(a)-(j)</b></p>

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<p>(h) If a facility has a family council and a licensed capacity of 16 or more, the facility shall appoint a designated staff liaison who shall be responsible for providing assistance to the family council and responding to written requests that result from family council meetings.</p> <p>(i) A facility shall not willfully interfere with the formation, maintenance, or promotion of a family council, or its participation in the regulatory inspection process. For the purposes of this subdivision, willful interference shall include, but shall not be limited to, discrimination or retaliation in any way against an individual as a result of his or her participation in a family council, refusal to publicize family council meetings or provide appropriate space for meetings or postings as required under this section, or failure to respond to written requests by a family council in a timely manner.</p> <p>(j) A violation of this section shall not be subject to the provisions of Section 1569.40. A violation of this section shall constitute a violation of resident rights. A facility that violates this section shall be subject to a daily civil penalty of two hundred fifty dollars (\$250) until the violation is corrected. A violation shall be deemed to have been corrected on the date the facility submits documentation of the correction to the department if the correction is verified by the department.</p>	
<p><b>Complaint/Emergency Contact Poster</b></p> <p><b>H&amp;S §1569.33.</b> (i) (1) The department shall design, or cause to be designed, a poster that contains information on the appropriate reporting agency in case of a complaint or emergency.</p> <p>(2) Each residential care facility for the elderly shall post this poster in the main entryway of its facility.</p> <p><b>T-22, §87468</b> (c) Facilities licensed for seven (7) or more shall prominently post, in areas accessible to the residents and their relatives, the following:</p> <p>(1) Procedures for filing confidential complaints.</p> <p>(2) A copy of these rights or, in lieu of a posted copy, instructions on how to obtain additional copies of these rights.</p>	<p><b>H&amp;S §1569.33(i)(1)-(2)</b>  <b>T-22, §87468(c)(1)-(2)</b></p>
<p><b>Planned Activities</b></p>	
<p><b>Social Factors</b></p> <p><b>T-22, §87462.</b> The facility shall obtain sufficient information about each person's likes and dislikes and interests and activities, to determine if the living arrangements in the facility will be satisfactory, and to suggest the program of activities in which the individual may wish to participate.</p>	<p><b>T-22, §87462</b></p>
<p><b>Encouraging Resident Participation in Planned Activities</b></p> <p><b>T-22, §87219(a)</b> Residents shall be encouraged to maintain and develop their fullest potential for independent living through participation in planned activities. The activities made available shall include:</p>	<p><b>T-22, §87219(a)(1)-(6), (b)</b></p>

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<p>(1) Socialization, achieved through activities such as group discussion and conversation, recreation, arts, crafts, music, and care of pets.</p> <p>(2) Daily living skills/activities which foster and maintain independent functioning.</p> <p>(3) Leisure time activities cultivating personal interests and pursuits, and encouraging leisure-time activities with other residents.</p> <p>(4) Physical activities such as games, sports and exercise which develop and maintain strength, coordination and range of motion.</p> <p>(5) Education, achieved through special classes or activities.</p> <p>(6) Provision for free time so residents may engage in activities of their own choosing.</p> <p>(b) Residents served shall be encouraged to contribute to the planning, preparation, conduct, clean-up and critique of the planned activities.</p>	
<p><b>Community-centered Activities</b></p> <p><b>T-22, §87219(c)</b> The licensee shall arrange for utilization of available community resources through contact with organizations and volunteers to promote resident participation in community-centered activities which may include:</p> <p>(1) Attendance at the place of worship of the resident's choice.</p> <p>(2) Service activities for the community.</p> <p>(3) Community events such as concerts, tours and plays.</p> <p>(4) Participation in community organized group activities, such as senior citizen groups, sports leagues and service clubs.</p>	<p><b>T-22, §87219(c)</b></p>
<p><b>Notice of Planned Activities</b></p> <p><b>T-22, §87219.</b> (d) In facilities licensed for seven (7) or more persons, notices of planned activities shall be posted in a central location readily accessible to residents, relatives, and representatives of placement and referral agencies. Copies shall be retained for at least six (6) months.</p>	<p><b>T-22, §87219(d)</b></p>
<p><b>Activity Staff</b></p> <p><b>T-22, §87219.</b> (e) In facilities licensed for sixteen (16) to forty-nine (49) persons, one staff member, designated by the administrator, shall have primary responsibility for the organization, conduct and evaluation of planned activities. This person shall have had at least six (6) month's experience in providing planned activities or have completed or be enrolled in an appropriate education or training program.</p> <p>(f) In facilities licensed for fifty (50) persons or more, one staff member shall have full-time responsibility to organize, conduct and evaluate planned activities, and shall be given such staff assistance as necessary in order for all residents to participate in</p>	<p><b>T-22, §87219(e)(f)</b></p>



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<p>accordance with their interests and abilities. The program of activities shall be written, planned in advance, kept up-to-date, and made available to all residents. The responsible employee shall have had at least one year of experience in conducting group activities and be knowledgeable in evaluating resident needs, supervising other employees, and in training volunteers.</p> <p>(1) An exception to this requirement may be made by the licensing agency upon the facility's presentation in writing of a satisfactory alternative plan.</p> <p>(2) Where the facility can demonstrate that its residents are self-directed to the extent that they are able to plan, organize and conduct the facility's activity program themselves, this requirement may be reduced or waived by the licensing agency.</p>	
<p><b>Other Planned Activity-Related Requirements</b></p> <p><b>T-22, §87219.</b> (g) Participation of volunteers in planned activities shall be encouraged, and such volunteers shall be under the direction and supervision of the employees responsible for the activity program.</p> <p>(h) Facilities shall provide sufficient space to accommodate both indoor and outdoor activities. Activities shall be encouraged by provision of:</p> <p>(1) A comfortable, appropriately furnished area such as a living room, available to all residents for their relaxation and for entertaining friends and relatives.</p> <p>(2) Outdoor activity areas which are easily accessible to residents and protected from traffic. Gardens or yards shall be sufficient in size, comfortable, and appropriately equipped for outdoor use.</p> <p>(i) Facilities shall provide sufficient equipment and supplies to meet the requirements of the activity program including access to daily newspapers, current magazines and a variety of reading materials. Special equipment and supplies necessary to accommodate physically handicapped persons or other persons with special needs shall be provided as appropriate.</p> <p>(1) When not in use, recreational equipment and supplies shall be stored where they do not create a hazard to residents.</p>	<p><b>T-22, §87219(g)-(i)</b></p>
<p><b>Food Service</b></p>	
<p><b>Food Service - General Requirements</b></p> <p><b>T-22, §87555.</b> (a) The total daily diet shall be of the quality and in the quantity necessary to meet the needs of the residents and shall meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council. All food shall be selected, stored, prepared and served in a safe and healthful manner.</p> <p>(b) The following food service requirements shall apply:</p>	<p><b>T-22, §87555(b)(3), (6), (7),(19), (20), (21), (22), (24), (25), (26), (31), &amp; (32)<sup>5</sup></b></p>

<sup>5</sup> Minimum requirements checked.

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- (1) Where all food is provided by the facility arrangements shall be made so that each resident has available at least three meals per day. Exceptions may be allowed on weekends and holidays providing the total daily food needs are met. Not more than fifteen (15) hours shall elapse between the third and first meal.
- (2) Where meal service within a facility is elective, arrangements shall be made to assure availability of an adequate daily food intake for all residents who, in their admission agreement, elected meal service. If a resident's condition changes so that he is no longer able to cook or purchase his own meals, the admission agreement shall be modified and the resident provided full meal service.
- (3) Between-meal nourishment or snacks shall be made available for all residents unless limited by dietary restrictions prescribed by a physician.
- (4) Meals on the premises shall be served in a designated dining area suitable for the purpose and residents encouraged to have meals with other residents. Tray service shall be provided in case of temporary need.
- (5) Meals shall consist of an appropriate variety of foods and shall be planned with consideration for cultural and religious background and food habits of residents.
- (6) In facilities for sixteen (16) persons or more, menus shall be written at least one week in advance and copies of the menus as served shall be dated and kept on file for at least 30 days.  
Facilities licensed for less than sixteen (16) residents shall maintain a sample menu in their file. Menus shall be made available for review by the residents or their designated representatives and the licensing agency upon request.
- (7) Modified diets prescribed by a resident's physician as a medical necessity shall be provided.
- (8) All food shall be of good quality. Commercial foods shall be approved by appropriate federal, state and local authorities. Food in damaged containers shall not be accepted, used or retained.
- (9) Procedures which protect the safety, acceptability and nutritive values of food shall be observed in food storage, preparation and service.
- (10) Where indicated, food shall be cut, chopped or ground to meet individual needs.
- (11) Powdered milk shall not be used as a beverage but may be used in cooking or baking. Raw milk shall not be used. Milk shall be pasteurized.
- (12) Except upon written approval by the licensing agency, meat, poultry and meat food products shall be inspected by state or federal authorities. Written evidence of such inspection shall be available for all products not purchased from commercial markets.
- (13) Home canned foods shall not be used.
- (14) If food is prepared off the facility premises, the preparation source shall meet all applicable requirements for commercial food services. The facility shall have adequate equipment and staff to receive and serve the food and for cleanup, and shall maintain adequate equipment for in-house preparation and service of food in emergencies.
- (15) All persons engaged in food preparation and service shall observe personal hygiene and food services sanitation practices which protect the food from contamination.

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| <p>(16) In facilities licensed for sixteen (16) to forty-nine (49) residents, one person shall be designated who has primary responsibility for food planning, preparation and service. This person shall be provided with appropriate training.</p> <p>(17) In facilities licensed for fifty (50) or more, and providing three (3) meals per day, a full-time employee qualified by formal training or experience shall be responsible for the operation of the food service. If this person is not a nutritionist, a dietitian, or a home economist, provision shall be made for regular consultation from a person so qualified. The consultation services shall be provided at appropriate times, during at least one meal. A written record of the frequency, nature and duration of the consultant's visits shall be secured from the consultant and kept on file in the facility.</p> <p>(18) Sufficient food service personnel shall be employed, trained and their working hours scheduled to meet the needs of residents.</p> <p>(19) There shall be one or more dining rooms or similar areas suitable for serving residents at a meal service, in shifts where appropriate. The dining areas shall be convenient to the kitchen so that food may be served quickly and easily and shall be attractive and promote socialization among the diners.</p> <p>(20) The ventilating systems in food preparation areas shall be maintained in working order and shall be operated when food is being prepared. Food preparation equipment shall be placed to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies.</p> <p>(21) Freezers of adequate size shall be maintained at a temperature of 0 degree F (-17.7 degree C), and refrigerators of adequate size shall maintain a maximum temperature of 40 degree F. (4 degree C). They shall be kept clean and food stored to enable adequate air circulation to maintain the above temperatures.</p> <p>(22) Adequate space shall be maintained to accommodate equipment, personnel and procedures necessary for proper cleaning and sanitizing of dishes and other utensils.</p> <p>(23) All readily perishable foods or beverages capable of supporting rapid and progressive growth of micro-organisms which can cause food infections or food intoxications shall be stored in covered containers at appropriate temperatures.</p> <p>(24) Pesticides and other toxic substances shall not be stored in food storerooms, kitchen areas, or where kitchen equipment or utensils are stored.</p> <p>(25) Soaps, detergents, cleaning compounds or similar substances shall be stored in areas separate from food supplies.</p> <p>(26) Supplies of nonperishable foods for a minimum of one week and perishable foods for a minimum of two days shall be maintained on the premises.</p> <p>(27) All kitchen areas shall be kept clean and free of litter, rodents, vermin and insects.</p> <p>(28) All food shall be protected against contamination. Contaminated food shall be discarded immediately upon discovery.</p> <p>(29) All equipment, fixed or mobile, and dishes, shall be kept clean and maintained in good repair and free of breaks, open seams, cracks or chips.</p> <p>(30) All utensils used for eating and drinking and in preparation of food and drink, shall be cleaned and sanitized after each usage.</p> <p>(31) Dishes and utensils shall be disinfected:</p> |  |
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<p>(A ) In facilities using mechanical means, by either maintaining hot water at a minimum temperature of 170 degree F (77 degree C) at the final rinse cycle of dishwashing machines, or by disinfecting as specified in (B) below.</p> <p>(B) In facilities not using mechanical means, by an alternative comparable method approved by the licensing agency or by the local health department, such as the addition of a sanitation agent to the final rinse water.</p> <p>(32) Equipment of appropriate size and type shall be provided for the storage, preparation and service of food and for sanitizing utensils and tableware, and shall be well maintained.</p> <p>(33) Tableware and tables, dishes, and utensils shall be sufficient in quantity to serve the residents.</p> <p>(34) Adaptive devices shall be provided for self help in eating as needed by residents.</p> <p>(c) The licensing agency may require the facility to provide written information as to the foods purchased and used over a given period when, based upon documentation, there is reason to believe that the food service requirements are not being met.</p>	
<b>Residents with Special Health Needs</b>	
<p><b>Acceptance and Retention Limitations</b></p> <p><b>T-22, §87455.</b>(a) Acceptance or retention of residents by a facility shall be in accordance with the criteria specified in this article 8 and Section 87605, Health and Safety Protection, and the following.</p> <p>(b) The following persons may be accepted or retained in the facility:</p> <ol style="list-style-type: none"> <li>(1) Persons capable of administering their own medications.</li> <li>(2) Persons receiving medical care and treatment outside the facility or who are receiving needed medical care from a visiting nurse.</li> <li>(3) Persons who because of forgetfulness or physical limitations need only be reminded or to be assisted to take medication usually prescribed for self-administration.</li> <li>(4) Persons with problems including, but not limited to, forgetfulness, wandering, confusion, irritability, and inability to manage money.</li> <li>(5) Persons with mild temporary emotional disturbance resulting from personal loss or change in living arrangement.</li> <li>(6) Persons who are bedridden provided the requirements of Section 87606 are met.</li> <li>(7) Persons who are under 60 years of age whose needs are compatible with other residents in care, if they require the same amount of care and supervision as do the other residents in the facility.</li> <li>(8) Persons who have been diagnosed as terminally ill and who have obtained the services of hospice, certified in accordance with federal medicare conditions of participation and licensure, provided the licensee has obtained a facility hospice care waiver in accordance with the provisions of Section 87632, Hospice Care Waiver, and hospice care is being provided in accordance with the provisions of Section 87633, Hospice Care for Terminally Ill Residents.</li> </ol>	<p><b>T-22, §87455</b></p>

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<p>(c) No resident shall be accepted or retained if any of the following apply:</p> <ul style="list-style-type: none"> <li>(1) The resident has active communicable tuberculosis.</li> <li>(2) The resident requires 24-hour, skilled nursing or intermediate care as specified in Health and Safety Code Sections 1569.72(a) and (a)(1).</li> <li>(3) The resident's primary need for care and supervision results from either: <ul style="list-style-type: none"> <li>(A) An ongoing behavior, caused by a mental disorder, that would upset the general resident group; or</li> <li>(B) Dementia, unless the requirements of Section 87705, Care of Persons with Dementia, are met.</li> </ul> </li> <li>(d) A resident suspected of having a contagious or infectious disease shall be isolated, and a physician contacted to determine suitability of the resident's retention in the facility.</li> </ul>	
<p><b>Prohibited Health Conditions</b></p> <p><b>T-22, §87615(a)</b> Persons who require health services for or have a health condition including, but not limited to, those specified below shall not be admitted or retained in a residential care facility for the elderly:</p> <ul style="list-style-type: none"> <li>(1) Stage 3 and 4 pressure sores (dermal ulcers).</li> <li>(2) Gastrostomy care.</li> <li>(3) Naso-gastric tubes.</li> <li>(4) Staph infection or other serious infection.</li> <li>(5) Residents who depend on others to perform all activities of daily living for them as set forth in Section 87459, Functional Capabilities.</li> <li>(6) Tracheostomies.</li> </ul>	<p><b>T-22, §87615(a)(1)-(6)</b></p>
<p><b>Restricted Health Conditions</b></p> <p><b>T-22, §87612 (a)</b> The licensee may provide care for residents who have any of the following restricted health conditions, or who require any of the following health services:</p> <ul style="list-style-type: none"> <li>(1) Administration of oxygen as specified in Section 87618.</li> <li>(2) Catheter care as specified in Section 87623.</li> <li>(3) Colostomy/ileostomy care as specified in Section 87621.</li> <li>(4) Contractures as specified in Section 87626.</li> <li>(5) Diabetes as specified in Section 87628.</li> <li>(6) Enemas, suppositories, and/or fecal impaction removal as specified in Section 87622.</li> <li>(7) Incontinence of bowel and/or bladder as specified in Section 87625.</li> <li>(8) Injections as specified in Section 87629.</li> <li>(9) Intermittent Positive Pressure Breathing Machine use as specified in Section 87619.</li> <li>(10) Stage 1 and 2 pressure sores (dermal ulcers) as specified in Section 87631(a)(3).</li> </ul>	<p><b>T-22, §87612(a)(1)-(11)</b></p>

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(11) Wound care as specified in Section 87631.	
<p><b>Residents with Diagnosis of Dementia</b></p> <p><b>T-22, §87705.</b> (a) This section applies to licensees who accept or retain residents diagnosed by a physician to have dementia. Mild cognitive impairment, as defined in Section 87101(m), is not considered to be dementia.</p> <p>(b) In addition to the requirements as specified in Section 87208, Plan of Operation, the plan of operation shall address the needs of residents with dementia, including:</p> <ul style="list-style-type: none"> <li>(1) Procedures for notifying the resident's physician, family members and responsible persons who have requested notification, and conservator, if any, when a resident's behavior or condition changes.</li> <li>(2) Safety measures to address behaviors such as wandering, aggressive behavior and ingestion of toxic materials.</li> </ul> <p>(c) Licensees who accept and retain residents with dementia shall be responsible for ensuring the following:</p> <ul style="list-style-type: none"> <li>(1) The facility has a nonambulatory fire clearance for each room that will be used to accommodate a resident with dementia who is unable to or unlikely to respond either physically or mentally to oral instructions relating to fire or other dangers and to independently take appropriate actions during emergencies or drills.</li> <li>(2) The Emergency Disaster Plan, as required in Section 87212, addresses the safety of residents with dementia.</li> <li>(3) In addition to the on-the-job training requirements in Section 87411(d), staff who provide direct care to residents with dementia shall receive the following training as appropriate for the job assigned and as evidenced by safe and effective job performance: <ul style="list-style-type: none"> <li>(A) Dementia care including, but not limited to, knowledge about hydration, skin care, communication, therapeutic activities, behavioral challenges, the environment, and assisting with activities of daily living;</li> <li>(B) Recognizing symptoms that may create or aggravate dementia behaviors, including, but not limited to, dehydration, urinary tract infections, and problems with swallowing; and</li> <li>(C) Recognizing the effects of medications commonly used to treat the symptoms of dementia.</li> </ul> </li> <li>(4) There is an adequate number of direct care staff to support each resident's physical, social, emotional, safety and health care needs as identified in his/her current appraisal. <ul style="list-style-type: none"> <li>(A) In addition to requirements specified in Section 87415, Night Supervision, a facility with fewer than 16 residents shall have at least one night staff person awake and on duty if any resident with dementia is determined through a pre-admission appraisal, reappraisal or observation to require awake night supervision.</li> </ul> </li> <li>(5) Each resident with dementia shall have an annual medical assessment as specified in Section 87458, Medical Assessment, and a reappraisal done at least annually, both of which shall include a reassessment of the resident's dementia care needs. <ul style="list-style-type: none"> <li>(A) When any medical assessment, appraisal, or observation indicates that the resident's dementia care needs have changed, corresponding changes shall be made in the care and supervision provided to that resident.</li> </ul> </li> </ul>	<p><b>T-22, §87705</b></p>

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<p>(6) Appraisals are conducted on an ongoing basis pursuant to Section 87463, Reappraisals.</p> <p>(7) An activity program shall address the needs and limitations of residents with dementia and include large motor activities and perceptual and sensory stimulation.</p> <p>(d) In addition to requirements specified in Section 87303, Maintenance and Operation, safety modifications shall include, but not be limited to, inaccessibility of ranges, heaters, wood stoves, inserts, and other heating devices to residents with dementia.</p> <p>(e) Swimming pools and other bodies of water shall be fenced and in compliance with state and local building codes.</p> <p>(f) The following shall be stored inaccessible to residents with dementia:</p> <ol style="list-style-type: none"><li>(1) Knives, matches, firearms, tools and other items that could constitute a danger to the resident(s).</li><li>(2) Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants.</li></ol> <p>(g) As required by Section 87468(a)(12), residents with dementia shall be allowed to keep personal grooming and hygiene items in their own possession, unless there is evidence to substantiate that the resident cannot safely manage the items.</p> <ol style="list-style-type: none"><li>(1) Evidence means documentation from the resident's physician that the resident is at risk if allowed direct access to personal grooming and hygiene items.</li></ol> <p>(h) Outdoor facility space used for resident recreation and leisure shall be completely enclosed by a fence with self-closing latches and gates, or walls, to protect the safety of residents.</p> <p>(i) The licensee may use wrist bands or other egress alert devices worn by the resident, with the prior written approval of the resident or conservator, provided that such devices do not violate the resident's rights as specified in Section 87468, Personal Rights.</p> <p>(j) The licensee shall have an auditory device or other staff alert feature to monitor exits, if exiting presents a hazard to any resident.</p> <p>(k) The following initial and continuing requirements must be met for the licensee to utilize delayed egress devices on exterior doors or perimeter fence gates:</p> <ol style="list-style-type: none"><li>(1) The licensee shall notify the licensing agency immediately after determining the date that the device will be installed.</li><li>(2) The licensee shall ensure that the fire clearance includes approval of delayed egress devices.</li></ol>	
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<p>(3) Fire and earthquake drills shall be conducted at least once every three months on each shift and shall include, at a minimum, all direct care staff.</p> <p>(4) Without violating Section 87468, Personal Rights, facility staff shall attempt to redirect a resident who attempts to leave the facility.</p> <p>(5) Residents who continue to indicate a desire to leave the facility following redirection shall be permitted to do so with staff supervision.</p> <p>(6) Without violating Section 87468, Personal Rights, facility staff shall ensure the continued safety of residents if they wander away from the facility.</p> <p>(7) For each incident in which a resident wanders away from the facility unsupervised, the licensee shall report the incident to the licensing agency, the resident's conservator and/or other responsible person, if any, and to any family member who has requested notification. The report shall be made by telephone no later than the next working day and in writing within seven calendar days.</p> <p>(8) Delayed egress devices shall not substitute for trained staff in sufficient numbers to meet the care and supervision needs of all residents and to escort residents who leave the facility.</p> <p>(9) The licensee shall not accept or retain residents determined by a physician to have a primary diagnosis of a mental disorder unrelated to dementia.</p> <p>(I) The following initial and continuing requirements shall be met for the licensee to lock exterior doors or perimeter fence gates:</p> <p>(1) Licensees shall notify the licensing agency of their intention to lock exterior doors and/or perimeter fence gates.</p> <p>(2) The licensee shall ensure that the fire clearance includes approval of locked exterior doors or locked perimeter fence gates.</p> <p>(3) The licensee shall obtain a waiver from Section 87468(a)(6), to prevent residents from leaving the facility.</p> <p>(A) Facility staff shall attempt to redirect any unaccompanied resident(s) leaving the facility.</p> <p>(4) The licensee shall maintain either of the following documents in the resident's record at the facility:</p> <p>(A) The conservator's written consent for admission for each resident who has been conserved under the Probate Code or the Lanterman-Petris-Short Act; or</p> <p>(B) A written statement signed by each non-conserved resident that states the resident understands that the facility has exterior door locks or perimeter fence gate locks and that the resident voluntarily consents to admission.</p> <p>(5) Interior and exterior space shall be available on the facility premises to permit residents with dementia to wander freely and safely.</p> <p>(6) Locked exterior doors or perimeter fences with locked gates shall not substitute for trained staff in sufficient numbers to meet the care and supervision needs of all residents.</p> <p>(7) The licensee shall not accept or retain residents determined by a physician to have a primary diagnosis of a mental disorder unrelated to dementia.</p>	
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<p>(8) Fire and earthquake drills shall be conducted at least once every three months on each shift and shall include, at a minimum, all direct care staff.</p>	
<p><b>Hospice Care Waiver</b></p> <p><b>H&amp;S §1569.73.</b> (a) Notwithstanding Section 1569.72 or any other provision of law, a residential care facility for the elderly may obtain a waiver from the department for the purpose of allowing a resident who has been diagnosed as terminally ill by his or her physician and surgeon to remain in the facility, or allowing a person who has been diagnosed as terminally ill by his or her physician and surgeon to become a resident of the facility if that person is already receiving hospice services and would continue to receive hospice services without disruption if he or she became a resident, when all the following conditions are met:</p> <ol style="list-style-type: none"> <li>(1) The facility agrees to retain the terminally ill resident, or accept as a resident the terminally ill person, and to seek a waiver on behalf of the individual, provided the individual has requested the waiver and is capable of deciding to obtain hospice services.</li> <li>(2) The terminally ill resident, or the terminally ill person to be accepted as a resident, has obtained the services of a hospice certified in accordance with federal medicare conditions of participation and licensed pursuant to Chapter 8 (commencing with Section 1725) or Chapter 8.5 (commencing with Section 1745).</li> <li>(3) The facility, in the judgment of the department, has the ability to provide care and supervision appropriate to meet the needs of the terminally ill resident or the terminally ill person to be accepted as a resident, and is in substantial compliance with regulations governing the operation of residential care facilities for the elderly.</li> <li>(4) The hospice has agreed to design and provide for care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the facility.</li> <li>(5) An agreement has been executed between the facility and the hospice regarding the care plan for the terminally ill resident or terminally ill person to be accepted as a resident. The care plan shall designate the primary caregiver, identify other caregivers, and outline the tasks the facility is responsible for performing and the approximate frequency with which they shall be performed. The care plan shall specifically limit the facility's role for care and supervision to those tasks allowed under this chapter.</li> <li>(6) The facility has obtained the agreement of those residents who share the same room with the terminally ill resident, or any resident who will share a room with the terminally ill person to be accepted as a resident, to allow the hospice caregivers into their residence.</li> </ol> <p><b>T-22, §87632.</b> (a) In order to accept or retain terminally ill residents and permit them to receive care from a hospice agency, the licensee shall have obtained a facility hospice care waiver from the Department. To obtain this waiver the licensee shall submit a written request for a waiver to the Department on behalf of any residents who may request retention, and any future residents who may request acceptance, along with the provision of hospice services in the facility. The request shall include, but not be limited to the following:</p>	<p><b>H&amp;S §1569.73(a)(1)-(6)</b>  <b>T-22, §87632(a)(1)-(4)</b></p>

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<p>(1) Specification of the maximum number of terminally ill residents which the facility wants to have at any one time.</p> <p>(2) A statement by the licensee that they have read, Section 87633, Hospice Care for Terminally Ill Residents, this section, and all other requirements within Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly and that they will comply with these requirements.</p> <p>(3) A statement by the licensee that the terms and conditions of all hospice care plans which are designated as the responsibility of the licensee, or under the control of the licensee, shall be adhered to by the licensee.</p> <p>(4) A statement by the licensee that an agreement with the hospice agency will be entered into regarding the care plan for the terminally ill resident to be accepted and/or retained in the facility. The agreement with hospice shall design and provide for the care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the licensee.</p>	
<p><b>Hospice Care for Terminally-Ill Residents</b></p> <p><b>T-22, §87633.</b> (a) The licensee shall be permitted to accept or retain residents who have been diagnosed as terminally ill by his or her physician and surgeon and who may or may not have restrictive and/or prohibited health conditions, to reside in the facility and receive hospice services from a hospice agency in the facility, when all of the following conditions are met:</p> <p>(1) The licensee has received a hospice care waiver from the department.</p> <p>(2) The licensee remains in substantial compliance with the requirements of this section, with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.), all other requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly, and with all terms and conditions of the waiver.</p> <p>(3) Hospice agency services are contracted for by each terminally ill resident or prospective resident individually, or the resident's or prospective resident's Health Care Surrogate Decision Maker if the resident or prospective resident is incapacitated, not by the licensee on behalf of a resident or prospective resident. These hospice agency services must be provided by a hospice agency both licensed by the state and certified by the federal Medicare program.</p> <p>(4) A written hospice care plan which specifies the care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the facility is developed for each terminally ill resident or prospective resident by that resident's hospice agency and agreed to by the licensee and the resident, or prospective resident, or the resident's or prospective resident's Health Care Surrogate Decision Maker, if any, prior to the initiation of hospice services in the facility for that resident, and all hospice care plans are fully implemented by the licensee and by the hospice(s).</p>	<p><b>T-22, §87633(a)-(m)</b></p>

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- (5) The acceptance or retention of any terminally ill resident or prospective resident in the facility does not represent a threat to the health and safety of any facility resident, or result in a violation of the personal rights of any facility resident.
- (6) The hospice agency and the resident or prospective resident agree to provide the licensee with all information necessary to allow the licensee to comply with all regulations and to assure that the resident's or prospective resident's needs will be met.

(b) A current and complete hospice care plan shall be maintained in the facility for each hospice resident and include the following:

- (1) The name, office address, business telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's physician.
- (2) A description of the services to be provided in the facility by the hospice agency, including but not limited to the type and frequency of services to be provided.
- (3) Designation of the resident's primary contact person at the hospice agency, and resident's primary and alternate care giver at the facility.
- (4) A description of the licensee's area of responsibility for implementing the plan including, but not limited to, facility staff duties; record keeping; and communication with the hospice agency, resident's physician, and the resident's responsible person(s), if any. This description shall include the type and frequency of the tasks to be performed by the facility.
  - (A) The plan shall specify all procedures to be implemented by the licensee regarding the storage and handling of medications or other substances, and the maintenance and use of medical supplies, equipment, or appliances.
  - (B) The plan shall specify, by name or job function, the licensed health care professional on the hospice agency staff who will control and supervise the storage and administration of all controlled drugs (Schedule II-V) for the hospice client. Facility staff can assist hospice residents with self-medications without hospice personnel being present.
  - (C) The plan shall neither require nor recommend that the licensee or any facility personnel other than a physician or appropriately skilled professional implement any health care procedure which may legally be provided only by a physician or appropriately skilled professional.
- (5) A description of all hospice services to be provided or arranged in the facility by persons other than the licensee, facility personnel, or the hospice agency including, but not limited to, clergy and the resident's family members and friends.
- (6) Identification of the training needed, which staff members need this training, and who will provide the training relating to the licensee's responsibilities for implementation of the hospice care plan.
  - (A) The training shall include but not be limited to typical needs of hospice patients, such as turning and incontinence care to prevent skin breakdown, hydration, and infection control.
  - (B) The hospice agency will provide training specific to the current and ongoing needs of the individual resident receiving hospice care and that training must be completed before hospice care to the resident begins.

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<p>(7) Any other information deemed necessary by the Department to ensure that the terminally ill resident's needs for health care, personal care, and supervision are met.</p> <p>(c) The licensee shall ensure that the hospice care plan complies with the requirements of this section, with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.), and all other requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly.</p> <p>(d) The licensee shall ensure that the hospice care plan is current, accurately matches the services actually being provided, and that the client's care needs are being met at all times.</p> <p>(e) The Department may require that the licensee obtain a revision of the hospice care plan if the plan is not fully implemented, or if the Department has determined that revision of the plan is necessary to protect the health and safety of any facility resident.</p> <p>(f) The licensee shall maintain a record of all hospice-related training provided to the licensee or facility personnel for a period of three years. This record shall be available for review by the Department.</p> <p>(1) The record of each training session shall specify the names and credentials of the trainer, the persons in attendance, the subject matter covered, and the date and duration of the training session.</p> <p>(g) In addition to the reporting requirements specified in Section 87211, Reporting Requirements, the licensee shall submit a report to the Department when a terminally ill resident's hospice services are interrupted or discontinued for any reason other than the death of the resident, including refusal of hospice care or discharge from hospice. The licensee shall also report any deviation from the resident's hospice care plan, or other incident, which threatens the health and safety of any resident.</p> <p>(1) Such reports shall be made by telephone within one working day, and in writing within five working days, and shall specify all of the following:</p> <p>(A) The name, age, sex of each affected resident.</p> <p>(B) The date and nature of the event and explanatory background information leading up to the event.</p> <p>(C) The name and business telephone number of the hospice agency.</p> <p>(D) Actions taken by the licensee and any other parties to resolve the reportable event and to prevent similar occurrences in the future.</p> <p>(h) For each terminally ill resident receiving hospice services in the facility, the licensee shall maintain the following in the resident's record:</p>	
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- (1) A written request for acceptance or admittance to or retention in the facility while receiving hospice services, along with any advance directive and/or request regarding resuscitative measures form executed by the resident or (in certain instances) the resident's Health Care Surrogate Decision Maker.
- (2) The name, address, telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's Health Care Surrogate Decision Maker, if any, in a manner that is readily available to the resident, the licensee, and facility staff.
- (3) A copy of the written certification statement of the resident's terminal illness from the medical director of the hospice or the physician member of the hospice interdisciplinary group and the individual's attending physician, if the individual has an attending physician.
- (4) A copy of the resident's current hospice care plan approved by the licensee, the hospice agency, and the resident, or the resident's Health Care Surrogate Decision Maker if the resident is incapacitated.
- (5) A statement signed by the resident's roommate, if any, or any resident who will share a room with a person who is terminally ill to be accepted or retained as a resident, indicating his or her acknowledgment that the resident intends to receive hospice care in the facility for the remainder of the resident's life, and the roommate's voluntary agreement to grant access to the shared living space to hospice caregivers, and the resident's support network of family members, friends, clergy, and others.
  - (A) If the roommate withdraws the agreement verbally or in writing, the licensee shall make alternative arrangements which fully meet the needs of the hospice resident.

(i) Prescription medications no longer needed shall be disposed of in accordance with Section 87465(i).

(j) A written health condition exception request and approval from the Department in accordance with Section 87616, is not needed for any restricted health conditions listed in Section 87612, Restricted Health Conditions, or for any prohibited health conditions listed in Section 87615, Prohibited Health Conditions, provided the resident or prospective resident has been diagnosed as terminally ill and is currently receiving hospice care in compliance with Section 87633, Hospice Care for Terminally Ill Residents, and the treatment of the restricted and/or prohibited health conditions is addressed in the hospice care plan.

- (1) In caring for a resident's health condition, facility staff, other than appropriately skilled health professionals, shall not perform any health care procedure that under law may only be performed by an appropriately skilled professional.

(k) The licensee shall maintain a record of dosages of medications that are centrally stored for each resident receiving hospice services in the facility.

(l) Residents receiving hospice care or prospective residents already receiving hospice care when accepted as residents who are bedridden, may reside in the facility provided the facility meets the requirements of Section 87606, Care of Bedridden Residents.

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<p>(m) Nothing contained in this section or in Chapter 8 precludes the Department from requiring the relocation of a terminally ill resident whose needs for personal care and supervision or health care are not being met in the facility.</p>	
<p><b>Residents who are Bedridden</b></p> <p><b>H&amp;S §1569.72.</b> (a) Except as otherwise provided in subdivision (d), no resident shall be admitted or retained in a residential care facility for the elderly if any of the following apply:</p> <ol style="list-style-type: none"> <li>(1) The resident requires 24-hour, skilled nursing or intermediate care.</li> <li>(2) The resident is bedridden, other than for a temporary illness or for recovery from surgery.</li> </ol> <p>(b) (1) For the purposes of this section, “bedridden” means requiring assistance in turning and repositioning in bed or being unable to independently transfer to and from bed, except in a facility with appropriate and sufficient care staff, mechanical devices, if necessary, and safety precautions, as determined by the director in regulations.</p> <p>(2) The determination of the bedridden status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative, after consulting the resident’s individual safety plan. The determination of the bedridden status of all other persons with disabilities who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.</p> <p>(c) Notwithstanding paragraph (2) of subdivision (a), bedridden persons may be admitted to, and remain in, residential care facilities for the elderly that secure and maintain an appropriate fire clearance. A fire clearance shall be issued to a facility in which one or more bedridden persons reside if either of the following conditions are met:</p> <ol style="list-style-type: none"> <li>(1) The fire safety requirements are met. Residents who are unable to independently transfer to and from bed, but who do not need assistance to turn or reposition in bed, shall be considered nonambulatory for purposes of this paragraph.</li> <li>(2) Alternative methods of protection are approved.</li> </ol> <p>(d) (1) For purposes of this section, “temporary illness” means any illness which persists for 14 days or less.</p> <p>(e) A bedridden resident may be retained in a residential care facility for the elderly in excess of 14 days if all of the following requirements are satisfied:</p> <ol style="list-style-type: none"> <li>(1) The facility notifies the department in writing regarding the temporary illness or recovery from surgery.</li> <li>(2) The facility submits to the department, with the notification, a physician and surgeon’s written statement to the effect that the resident’s illness or recovery is of a temporary nature. The statement shall contain an estimated date upon which the illness or recovery will end or upon which the resident will no longer be confined to a bed.</li> </ol>	<p><b>H&amp;S §1569.72(a)-(j)</b> <b>T-22, §87606(a)-(g)</b></p>

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(3) The department determines that the health and safety of the resident is adequately protected in that facility and that transfer to a higher level of care is not necessary.

(4) This section does not expand the scope of care and supervision of a residential care facility for the elderly.

(f) Notwithstanding the length of stay of a bedridden resident, every facility admitting or retaining a bedridden resident, as defined in this section, shall, within 48 hours of the resident's admission or retention in the facility, notify the local fire authority with jurisdiction in the bedridden resident's location of the estimated length of time the resident will retain his or her bedridden status in the facility.

**T-22, §87606.** (a) Unless otherwise specified, this section applies to licensees who accept or retain residents who are bedridden. The licensee shall be permitted to accept and retain residents who are or shall become bedridden, if all the following conditions are met.

(b) A facility shall notify the local fire jurisdiction within 48 hours of accepting or retaining any bedridden person, as specified in Health and Safety Code Section 1569.72(f).

(c) To accept or retain a bedridden person, other than for a temporary illness or recovery from surgery, a facility shall obtain and maintain an appropriate fire clearance as specified in Section 87202(a).

(d) For the purposes of this section, "temporary illness" is defined in Health and Safety Code Section 1569.72(d)(1).

(e) A facility may retain a bedridden resident for more than 14 days if all of the requirements of Health and Safety Code Section 1569.72(e) are met.

(1) If it is determined that a resident will be temporarily bedridden for more than 14 days, the facility shall notify the fire authority having jurisdiction of the revised estimated length of time that the resident will be bedridden, as required in Section 87606(b).

(f) To accept or retain a bedridden person, a facility shall ensure the following:

(1) The facility's Plan of Operation includes a statement of how the facility intends to meet the overall health, safety and care needs of bedridden persons.

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<p>(A) The facility's Emergency Disaster Plan, addresses fire safety precautions specific to evacuation of bedridden residents in the event of an emergency or disaster.</p> <p>(B) In addition to the requirements specified in Care of Persons with Dementia, the needs of residents with dementia who are bedridden, shall be met.</p> <p>(C) The needs of residents who are terminally ill and who are bedridden shall be met.</p> <p>(2) Each bedridden resident's record includes sufficient documentation to demonstrate that the facility is meeting the needs of the individual resident as specified in Section 87506.</p> <p>(3) Staff records include documentation of staff training specific to Care of Bedridden Residents.</p> <p>(4) The facility's Register of Residents shall include:</p> <ul style="list-style-type: none"> <li>(A) compliance with Section 87508,</li> <li>(B) information related to resident room locator,</li> <li>(C) register of residents be made available, upon request, to emergency personnel, and</li> <li>(D) facility staff have knowledge of the location of the register of residents at all times.</li> </ul> <p>(g) Nothing contained in this section or in Chapter 8 precludes the licensing agency from requiring the relocation of a bedridden resident whose needs are not being met in a facility, or whose needs are beyond the scope of care of the facility.</p>	
<p><b>Mental Condition</b></p> <p><b>T-22, §87461.</b> (a) The licensee shall determine the amount of supervision necessary by assessing the mental status of the prospective resident to determine if the individual:</p> <ul style="list-style-type: none"> <li>(1) tends to wander;</li> <li>(2) is confused or forgetful;</li> <li>(3) is capable of managing his/her own cash resources;</li> <li>(4) actively participates in social activities or is withdrawn;</li> <li>(5) has a documented history of behaviors which may result in harm to self or others.</li> </ul>	<p><b>T-22, §87461(a)(1)-(5)</b></p>
<p><b>Use of Postural Supports</b></p> <p><b>T-22, §87608.</b> (a) Based on the individual's preadmission appraisal, and subsequent changes to that appraisal, the facility shall provide assistance and care for the resident in those activities of daily living which the resident is unable to do for himself/herself. Postural supports may be used under the following conditions.</p> <ul style="list-style-type: none"> <li>(1) Postural supports shall be limited to appliances or devices such as braces, spring release trays, or soft ties, used to achieve proper body position and balance, to improve a resident's mobility and independent functioning, or to position rather than restrict movement including, but not limited to, preventing a resident from falling out of bed, a chair, etc.</li> </ul>	<p><b>T-22, §87608(a)(1)-(5)</b></p>



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<p>(A) Physician-prescribed orthopedic devices such as braces or casts, used for support of a weakened body part or correction of body parts, are considered postural supports.</p> <p>(2) Postural supports shall be fastened or tied in a manner that permits quick release by the resident.</p> <p>(3) A written order from a physician indicating the need for the postural support shall be maintained in the resident's record. The licensing agency shall be authorized to require other additional documentation if needed to verify the order.</p> <p>(4) Prior to the use of postural supports that change the ambulatory status of a resident to non-ambulatory, the licensee shall ensure that the appropriate fire clearance, as required by Section 87202, Fire Clearance has been secured.</p> <p>(5) Under no circumstances shall postural supports include tying, depriving, or limiting the use of a resident's hands or feet.</p> <p>(A) A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed.</p> <p>(B) Bed rails that extend the entire length of the bed are prohibited except for residents who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.</p>	
<p><b>Observation of a Resident</b></p> <p><b>T-22, §87466.</b> The licensee shall ensure that residents are regularly observed for changes in physical, mental, emotional and social functioning and that appropriate assistance is provided when such observation reveals unmet needs. When changes such as unusual weight gains or losses or deterioration of mental ability or a physical health condition are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any.</p>	<p><b>T-22, §87466</b></p>
<p><b>Advanced Directives, Foregoing Resuscitative Measures, or Do Not Resuscitate Form</b></p> <p><b>H&amp;S §1569.156.</b> (a) A residential care facility for the elderly shall do all of the following:</p> <p>(3) Provide written information, upon admission, about the right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right, under state law, to formulate advance directives.</p> <p><b>T-22, §87469.</b>(a) Upon admission, a facility shall provide each resident, and representative or responsible person of each resident, with written information about the right to make decisions concerning medical care. This information shall include, but not be limited to, the Department's approved brochure entitled "Your Right To Make Decisions About Medical Treatment," PUB 325, (3/12) and a copy of Sections 87469(b), (c) and (d) of the regulations.</p> <p>(b) Residents shall be permitted to have a Request to Forego Resuscitative Measures, an Advance Health Care Directive and/or a Do-Not-Resuscitate (DNR) Form in their facility file.</p>	<p><b>H&amp;S §1569.156(a)(3)</b> <b>T-22, §87469(a)-(d)</b></p>

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<p>(c) If a resident who has an advance directive and/or request regarding resuscitative measures form on file experiences a medical emergency, facility staff shall do one of the following:</p> <ul style="list-style-type: none"> <li>(1) Immediately telephone 9-1-1, present the advance directive and/or request regarding resuscitative measures form to the responding emergency medical personnel and identify the resident as the person to whom the order refers.</li> <li>(2) Immediately give the advance directive and/or request regarding resuscitative measures form to a physician, registered nurse or licensed vocational nurse if the physician or nurse is in the resident's presence at the time of the emergency and assumes responsibility.</li> <li>(3) Specifically for a terminally ill resident that is receiving hospice services and has completed an advance directive and/or request regarding resuscitative measures form pursuant to Health and Safety Code section 1569.73(c), and is experiencing a life-threatening emergency as displayed by symptoms of impending death that is directly related to the expected course of the resident's terminal illness, the facility may immediately notify the resident's hospice agency in lieu of calling emergency response (9-1-1). For emergencies not directly related to the expected course of the resident's terminal illness, the facility staff shall immediately telephone emergency response (9-1-1).</li> <li>(4) Facilities that employ health care providers, other than Home Health Agencies or Hospice Agencies, may comply with Health and Safety Code Section 1569.74.</li> </ul> <p>(d) After following the procedure in Section 87469(c)(1), (2), (3), or (4), facility staff shall notify the resident's hospice agency and Health Care Surrogate Decision Maker, if applicable.</p>	
<p><b>Automated External Defibrillator [AED]<sup>6</sup></b></p> <p><b>T-22, §87607.</b> (a) A licensee is permitted to maintain and operate an AED at the facility if all of the following requirements are met:</p> <ul style="list-style-type: none"> <li>(1) The licensee shall notify the licensing agency in writing that an AED is in the facility and will be used in accordance with all applicable federal and other state requirements.</li> <li>(3) The licensee shall maintain at the facility the following: <ul style="list-style-type: none"> <li>(B) A training manual from an American Heart Association- or American Red Cross-recognized AED training class.</li> <li>(C) A log of checks of operation of the AED containing the dates checked and the name of person checking.</li> <li>(D) A copy of a valid AED operator's certificate for any employee(s) authorized by the licensee to operate the AED. The certificate shall indicate that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross. If it does not, then other evidence indicating that the AED training course</li> </ul> </li> </ul>	<p><b>T-22, §87607(a)(1), (3)(B)-(E) &amp; (4)</b></p>

<sup>6</sup> Ask if the facility intends to maintain and operate an AED. Check that the facility is compliant with the requirements listed.

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<p>completed complies with the standards of the American Heart Association or the American Red Cross shall be available at the facility.</p> <p>(4) A supply kit shall be maintained at the facility and be readily available for use with the AED. The kit shall contain at least the following:</p> <ul style="list-style-type: none"> <li>(A) A back-up battery set.</li> <li>(B) An extra set of pads.</li> <li>(C) A safety razor for shaving chest hair when necessary to apply the pads.</li> <li>(D) A cardiovascular pulmonary resuscitation barrier (a face shield or mask) for protection from transmission of infectious disease.</li> <li>(E) Two pairs of unused medical examination gloves (latex or non-latex).</li> </ul>	
<b>Incidental Medical and Dental</b>	
<p><b>Plan for Incidental Medical and Dental Care</b></p> <p><b>T-22, §87465(a)</b> A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following:</p> <ul style="list-style-type: none"> <li>(1) The licensee shall arrange, or assist in arranging, for medical and dental care appropriate to the conditions and needs of residents.</li> <li>(2) The licensee shall provide assistance in meeting necessary medical and dental needs. This includes transportation which may be limited to the nearest available medical or dental facility which will meet the resident's need. In providing transportation the licensee shall do so directly or make arrangements for this service.</li> <li>(3) There shall be arrangements for separation and care of residents whose illness requires separation from others.</li> <li>(4) When residents require prosthetic devices, vision and hearing aids, the staff shall be familiar with the use of these devices, and shall assist such persons with their utilization as needed.</li> <li>(5) The licensee shall assist residents with self-administered medications as needed.</li> <li>(6) Facility staff, except those authorized by law, shall not administer injections, but staff designated by the licensee may assist persons with self-administration as needed. Assistance with self-administered medications shall be limited to the following: <ul style="list-style-type: none"> <li>(A) Medications usually prescribed for self-administration which have been authorized by the person's physician.</li> <li>(B) Medications during an illness determined by a physician to be temporary and minor.</li> <li>(C) Assistance required because of tremor, failing eyesight and similar conditions.</li> <li>(D) Assistance with self-administration does not include forcing a resident to take medications, hiding or camouflaging medications in other substances without the resident's knowledge and consent, or otherwise infringing upon a resident's right to refuse to take a medication.</li> </ul> </li> </ul>	<p><b>T-22, §87465(a)(1)-(8)</b></p>

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<p>(7) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.</p> <p>(8) There shall be adequate privacy for first aid treatment of minor injuries and for examination by a physician if required.</p>	
<p><b>First Aid Kit</b></p> <p><b>T-22, §87465.</b> (a)(9) If a facility has no medical unit on the grounds, a complete first aid kit shall be maintained and be readily available in a specific location in the facility. The kit shall be a general type approved by the American Red Cross, or shall contain at least the following:</p> <ul style="list-style-type: none"> <li>(A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.</li> <li>(B) Sterile first aid dressings.</li> <li>(C) Bandages or roller bandages.</li> <li>(D) Scissors.</li> <li>(E) Tweezers.</li> <li>(F) Thermometers.</li> </ul>	<p><b>T-22, §87465(a)(9)</b></p>
<p><b>Assistance with Self-Administration of Medications</b></p> <p><b>T-22, §87465(a)</b> (6) Facility staff, except those authorized by law, shall not administer injections, but staff designated by the licensee may assist persons with self-administration as needed. Assistance with self-administered medications shall be limited to the following:</p> <ul style="list-style-type: none"> <li>(A) Medications usually prescribed for self-administration which have been authorized by the person's physician.</li> <li>(B) Medications during an illness determined by a physician to be temporary and minor.</li> <li>(C) Assistance required because of tremor, failing eyesight and similar conditions.</li> <li>(D) Assistance with self-administration does not include forcing a resident to take medications, hiding or camouflaging medications in other substances without the resident's knowledge and consent, or otherwise infringing upon a resident's right to refuse to take a medication.</li> </ul>	<p><b>T-22, §87465(a)(6)(A)-(D)</b></p>
<p><b>T-22, §87465.</b>(b) If the resident's physician has stated in writing that the resident is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the resident with self-administration of his/her PRN medication.</p> <p>(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:</p>	<p><b>T-22, §87465(b)-(d)</b></p>

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<p>(1) There is written direction from a physician, on a prescription blank, specifying the name of the resident, the name of the medication, all of the information specified in Section 87465(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.</p> <p>(2) Once ordered by the physician the medication is given according to the physician's directions.</p> <p>(3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.</p> <p>(d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:</p> <p>(1) Facility staff shall contact the resident's physician prior to each dose, describe the resident's symptoms, and receive direction to assist the resident in self-administration of that dose of medication.</p> <p>(2) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the resident's facility record.</p> <p>(3) The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record.</p>	
<p><b>Written Prescription Order for all Prescription/Non-Prescription Medications</b></p> <p><b>T-22, §87465</b> (e) For every prescription and nonprescription PRN medication for which the licensee provides assistance there shall be a signed, dated written order from a physician on a prescription blank, maintained in the resident's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information.</p> <p>(1) The specific symptoms which indicate the need for the use of the medication.</p> <p>(2) The exact dosage.</p> <p>(3) The minimum number of hours between doses.</p> <p>(4) The maximum number of doses allowed in each 24-hour period.</p>	<p><b>T-22, §87465(e)(1)-(4)</b></p>
<p><b>Emergency Care</b></p> <p><b>T-22, §87465</b> (f) Emergency care requirements shall include the following:</p> <p>(1) The name, address, and telephone number of each resident's physician and dentist shall be readily available to that resident, the licensee, and facility staff.</p> <p>(2) The name, address and telephone number of each emergency agency to be called in the event of an emergency, including but not limited to the fire department, crisis center or paramedical unit or medical resource, shall be posted in a location visible to both staff and residents.</p> <p>(3) The name and telephone number of an ambulance service shall be readily available.</p>	<p><b>T-22, §87465(f)(1)-(3)</b></p>

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<p><b>T-22, §87465(g)</b> The licensee shall immediately telephone 9-1-1 if an injury or other circumstance has resulted in an imminent threat to a resident's health including, but not limited to, an apparent life-threatening medical crisis except as specified in Sections 87469(c)(2), (c)(3), or (c)(4).</p>	<p><b>T-22, §87465(g)</b></p>
<p><b>Criteria for Centrally Stored Medications</b></p> <p><b>T-22, §87465.(h)</b> The following requirements shall apply to medications which are centrally stored:</p> <p>(1) Medications shall be centrally stored under the following circumstances:</p> <p>(A) The preservation of medicines requires refrigeration, if the resident has no private refrigerator.</p> <p>(B) Any medication is determined by the physician to be hazardous if kept in the personal possession of the person for whom it was prescribed.</p> <p>(C) Because of potential dangers related to the medication itself, or due to physical arrangements in the facility and the condition or the habits of other persons in the facility, the medications are determined by either a physician, the administrator, or Department to be a safety hazard to others.</p>	<p><b>T-22, §87465(h)(1)</b></p>
<p><b>Centrally-Stored Medications – Safe and Locked Place</b></p> <p><b>T-22, §87465.</b> (h) The following requirements shall apply to medications which are centrally stored:</p> <p>(1) Medications shall be centrally stored under the following circumstances:</p> <p>(A) The preservation of medicines requires refrigeration, if the resident has no private refrigerator.</p> <p>(B) Any medication is determined by the physician to be hazardous if kept in the personal possession of the person for whom it was prescribed.</p> <p>(C) Because of potential dangers related to the medication itself, or due to physical arrangements in the facility and the condition or the habits of other persons in the facility, the medications are determined by either a physician, the administrator, or Department to be a safety hazard to others.</p> <p>(2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication. .</p>	<p><b>T-22, §87465(h)(2)</b></p>
<p><b>Disaster Preparedness</b></p>	
<p><b>Emergency Plan/Disaster &amp; Mass Casualty Plan</b></p> <p><b>H&amp;S §1569.695(c)</b> The department’s Community Care Licensing Division shall confirm, during comprehensive licensing visits, that the plan is on file at the facility.</p> <p>(d) Nothing in this section shall create a new or additional requirement for the department to evaluate the emergency plan. The department shall only verify that the plan is on file at the time of the comprehensive inspection.</p>	<p><b>H&amp;S §1569.695(c)-(e)</b> <b>T-22, §87212(a)</b></p>

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<p>(e) This subdivision shall not apply to residential care facilities for the elderly that have obtained a certificate of authority to offer continuing care contracts, as defined in paragraph (5) of subdivision (c) of Section 1771.</p>	
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<p><b>T-22, §87212.</b> (a) Each facility shall have a disaster and mass casualty plan of action. The plan shall be in writing and shall be readily available.</p>	
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